

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90221 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000014752

1. Corporation Name  
**ZOLYMAR, INC.**



Principal Place of Business Mailing Address  
 9155 FOUNTAINEBLEAU BLVD.. #6 9155 FOUNTAINEBLEAU BLVD.. #6  
 MIAMI FL 33172 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2100 Coral Way		26 2100 Coral Way		02/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 602		27 602		65-0732539	
City & State		City & State		Applied For	
23 Miami, Florida		28 Miami, Florida		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33145 25 USA		29 33145 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DIAZ, ZOILA R 9155 FOUNTAINEBLEAU BLVD., #6 MIAMI FL 33172		81 Name Diaz, Zoila R.			
		82 Street Address (P.O. Box Number is Not Acceptable) 2100 Coral Way			
		83 Suite 602			
		84 City Miami		85 Zip Code FL 33145	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Zoila R. Diaz DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ZOILA R	1.2 NAME	Diáz, Zoila R.
STREET ADDRESS	9155 FOUNTAINBLEAU BLVD, #6	1.3 STREET ADDRESS	2100 Coral Way, Suite 602
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZA, MARTHA B	2.2 NAME	Maza, Martha B.
STREET ADDRESS	9155 FOUNTAINBLEAU BLVD, #6	2.3 STREET ADDRESS	2100 Coral Way, Suite 602
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Santiago, Edmund
STREET ADDRESS		3.3 STREET ADDRESS	7205 Corporate Center Dr., #406
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zoila R. Diaz 305-854-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)