

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jun 04 1998 8:00 am  
Secretary of State

**DOCUMENT # P97000028671**

1. Corporation Name

**A-ZETA INTERNATIONAL, CORP.**

Principal Place of Business

Mailing Address

**9920 Collins Ave #3  
Miami Beach, Fl. 33154**

**9920 Collins Ave #3  
Miami Beach, Fl. 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**March 31, 1997**

2. Principal Place of Business

21 **10160 Collins Ave**

Suite, Apt #, etc

22 **Apt #302**

City & State

23 **Miami Beach, Florida**

Zip

24 **33154**

Country

25 **Miami-Dade**

2a. Mailing Address

26 **10160 Collins Ave**

Suite, Apt #, etc

27 **Apt #302**

City & State

28 **Miami Beach, Florida**

Zip

29 **33154**

Country

30 **Miami-Dade**

4. FEI Number

**Applied for**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

**Fedrico Henze  
10160 Collins Ave #302  
Miami Beach, Fl. 33154**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature (Required for all applications)

(Not a Registered Agent Signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Pres, Tres</b>	<input type="checkbox"/> DELETE
NAME	<b>Federico Henze</b>	
STREET ADDRESS	<b>9920 Collins Ave #3</b>	
CITY-ST-ZIP	<b>Miami Beach, Fl. 33154</b>	
TITLE	<b>Vp, Secr</b>	<input type="checkbox"/> DELETE
NAME	<b>Monica E Goldemberg-Henze</b>	
STREET ADDRESS	<b>9920 Collins Ave #3</b>	
CITY-ST-ZIP	<b>Miami Beach, Fl. 33154</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>10160 Collins Ave #302</b>
14 CITY-ST-ZIP	<b>Miami Beach, Fl. 33154</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>10160 Collins Ave #302</b>
24 CITY-ST-ZIP	<b>Miami Beach, Fl. 33154</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>400002551544</b>
54 CITY-ST-ZIP	<b>-06/08/98--01080--050</b>
61 TITLE	<b>***150-00</b>
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 supplementary 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 a registered agent 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR NAME OF SIGNING OFFICER OR DIRECTOR

**May 28, 1998 (305) 864-3764**

CR2E034 (10/97)