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

PROFIT **CORPORATION** ANNUAL REPORT'



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 P91000037994 DOCUMENT #

Z. SANDOR INC.

Principal Place of Business	Mailing Address			
18000 NW 2 AVE				
MIAMI FL 33	3 16 9		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified 4 - 29-97	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65- 0153/38	Applied For
21 SAME	26		65-0753138	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		O Florida Octobrila Francisco	Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30	☐ Yes ☐ No
	of Current Registered Agent		10. Name and Address of New Register	ed Agent
ZOLTAN SANDOR	2	81 Name	ADA BRAVO	
18000 NW 2 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83	DOO NIW 2 AVE	
MIAMI FL		83		
33169		84 Cily	410	85 Zip Code
	CO2 0500 and 602 4500 Florida State	79	11AMI F	L 33/69
office or repretend agent or both in	the State of Florida, Such change was :	tes, the above-hamed cor	poration submits this statement for the purpose	ol changing its registered
onice of registeres agent, or noth, in		adiliplized by the colbore	ations grain or directors. I heretry accept the a	ppointment da regiatoreo
agent I am familiar with, and accept	the obligations of, Section 607,0505, Fi	orida Statutes.	anon's grand or directors. I hereby accept the a	c/60
SIGNATURE	the obligations of, Section 607.0505, FI	orida Statutes. Odas	Apravo 3/2	4/98
SIGNATURE Signature Typed or printed name of the	the obligations of, Section 607.0505, FI	orida Statutes. Odas 11. Registered Agent's gnature req 13.	Messard 3/3	5/98
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If all Limitary 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 for on an attachment with an address.

Lus/98 (305)651-6824

FILED

Apr 10 1998 8:00am

Secretary of State