

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90180 048 ***150.00

DOCUMENT # P97000039099

1. Corporation Name
ZORRO IMPORTS, INC.

Principal Place of Business

1000 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

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 the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 37th Floor Nations Bank Tower

Suite, Apt. #, etc.

22 100 S.E. 2nd Street

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 37th Floor Nations Bank Tower

Suite, Apt. #, etc.

27 100 S.E. 2nd Street

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

MESA, MANUEL ARTHUR ESQ
1000 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MANUEL ARTHUR MESA, ESQ.

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

37th Floor Nations Bank Tower

83

100 S.E. 2nd Street

84 City

Miami, FL

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MESA, MANUEL ARTHUR

STREET ADDRESS 1000 BRICKELL AVE, STE 600

CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME LOPEZ, JOSE L

STREET ADDRESS 1000 BRICKELL AVE, STE 600

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MANUEL ARTHUR MESA

1.3 STREET ADDRESS 37th Floor Nations Bank Tower

1.4 CITY-ST-ZIP 100 SE 2nd Street Miami FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 supplemental 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

305-863-1000
Daytime Phone #

CR2E034 (11/98)

0189532