**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000040831

1. Corporation Name

**ZORE'S INCORPORATED** 

Principal Place	of Business	Mailing Address			1133		
4900 CASON COVD DR		4900 CASON COVE DR					
STE 104		STE 104		DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32811		ORLANDO FL 32811 US		DO NOT WRITE IN THIS SPACE			
US		UO			3. Date Incorporated or Qualifed 05/08/1997		]
		To Million Address			4. FEI Number		olied For
	ace of Business	2a. Mailing Address	a, ,	<del></del>	· · · = · · · · · · · · · · · · · · ·		
21 6100		26 6100 NW 1	00 9	71.	59-3450242		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A	I
22 306		27 306 .		<del>                                     </del>	<del></del>	·	
City & State	No.	City & State		6. Election Campaign Financing	\$5.00 r		
23 MIAM			Country				rees
Zip	Country	Zip	شر د ۲۰۰		8. This corporation owes the current y		□No
24 3301		29 33015 3	<u> </u>	<u>,                                     </u>	Personal Property Tax.		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name 1 A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
ΙΔΝΙ	DAETA, CESAR		"	···· L	ANDAETA, CESAR		
	TOMAHAWK DRIVE	82 Street Addr		ess (P.O. Box Number is Not Acceptable)	-5 25/		
	IMMEE FL 34746			NW 186 51 5011	E 306		
NISS	IMIVIEC TE 34/40		83				ļ.
			84	Cityo		85 Zip C	ode
			-	- Mix			015
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corpo	oration submits this statement for the purp	ose of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with and accept the obligation	i Florida. Such change was auti ons of, Section 607,0505, Florid	iorized by a Statutes	tne corporatio	on's board of directors. I hereby accept the		istered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  At 15/99							]
SIGNATURE (NOTE: Registered Agent signature required when reinstating)  OATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE	P			☐ Addition
NAME	LANDAETA, CESAR		1.2 NAME	14	NDAETA, CESAR		
STREET ADDRESS	4900 CASON COVE DR, #104		1.3 STREE		100 NW. 186 ST. 505	11 OUD	
CITY-ST-ZIP	ORLANDO FL 32811	•	1.4 CITY-S	ST-ZIP M	11 FL. 3301	5	
TITLE		☐ DELETE	2.1 TITLE	V/	/D	☐ Change	<b>⊠</b> Addition
NAME	٠.		2.2 NAME	ti	EDDETA MADELA		- 1
STREET ADDRESS			li .				
ſ			2.3 STREE	TADDRESS C	100 NW. 186 ST. 500	TE 306	
CITY-ST-ZIP				1	ERRERA, MARIELA 100 NW. 1866T. SUI 18ANI FL. 33015	TE 306	
TITLE 1		□ DELETE	2.4 CITY-5	1	100 NW. 1866T. 509 18449 FL. 33015	TE 306	☐ Addition
TITLE		☐ DELETE	2. 4 CITY-5 3.1 TITLE	1	100 NW. 186 ST. 509 18449 FL. 33015	, ,	Addition
_NAME		☐ OELETE	2.4 CITY-5 3.1 TITLE 3.2 NAME	ST-ZIP	100 NW. 186 ST. SUI 18ANR FL. 33015	, ,	☐ Addition
_NAME STREET ADDRESS	~	☐ OELETE 	2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP M	100 NW. 186 ST. SUR	, ,	☐ Addition
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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 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:

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90062 004 \*\*\*158.75

CR2E034 (11/98)