

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

DOCUMENT # P97000040831

1. Corporation Name
ZORE'S INCORPORATED

Principal Place of Business

4900 CASON COVD DR
STE 104
ORLANDO FL 32811
US

Mailing Address

4900 CASON COVE DR
STE 104
ORLANDO FL 32811
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90062 004 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3450242

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANDAETA, CESAR
3230 TOMAHAWK DRIVE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name LANDAETA, CESAR
82 Street Address (P.O. Box Number is Not Acceptable)
6100 NW 186 ST. - SUITE 306
83
84 City MIAMI FL 85 Zip Code 33015

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LANDAETA, CESAR	1.2 NAME	LANDAETA, CESAR
STREET ADDRESS	4900 CASON COVE DR, #104	1.3 STREET ADDRESS	6100 NW. 186 ST. SUITE 306
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE		2.1 TITLE	V/D
NAME		2.2 NAME	HERRERA, MARIELA
STREET ADDRESS		2.3 STREET ADDRESS	6100 NW. 186 ST. SUITE 306
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/99 305-6253877

Date

Daytime Phone #

CR2E034 (11/98)