Applied For

\$8.75 'Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable

□No

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 # P97000078105

1. Corporation Name

22

23

24

Zip

City & State

JOSE ZAMORA CORP.

Principal Place of Business	Mailing Address 260 PALERMO AVE CORAL GABLES FL 33134				
260 PALERMO AVE CORAL GABLES FL 33134					
2. Principal Place of Business	2a. Mailing Address				
Suite Ant # etc	Suite Ant # etc				

28

29

Zip

City & State

VALLE, MARIA F ESQ 999 PONCE DE LEON BLVD SUITE 1110 **CORAL GABLES FL 33134**

25

Country

9. Name and Address of Current Registered Agent

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90026 018 ***158.75

•
DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualifed

09/10/1997

65-0801395

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

office or r	to the provisions of Sections 607.0502 and 607.1508, Floregistered agent, or both, in the State of Florida. Such chain familiar with, and accept the obligations of, Section 607	nge was aut	horized by the corporation	oration submits this statem n's board of directors. I he	ent for the purpose of c ereby accept the appoin	thanging its r tment as reg	egistered istered
SIGNATURE		ANOTE: E	legistered Agent signature required	when rejectation	DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: R	13.		ES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE		DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
	<u> </u>		1.2 NAME				_
NAME	ZAMORA, ROSA ALINA		1.3 STREET ADDRESS	•			
STREET ADDRESS	260 PALERMO AVE		1				
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	Li	JELETE	2.1 TITLE			□ cliange	L. Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	•		-	~ -
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u></u>			
TITLE		DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS	,			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			<u> </u>	
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	1 5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	•
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	- <u> </u>		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
OVER COT THE			6.4 CITY-ST-ZIP				

Country

81

83

84 City

30

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 of 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 attackment with an address, with all other like empowered.

SIGNATURE: U

17000 S