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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010248

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90156 009 ***158.75

ZEROZU	JM, INC.					LORGINE HO IBOS VEHI BANG APAN ABURT	 	G1001 1011 1201
Principal Flace	e of Business	Mailing Address				-{	HANN TURKA MALAN TURK	E1881 1881
5299 N.E. SECOND AVENUE 5299 N.E. SECOND AVENUE MIAMI FL 33137 MIAMI FL 33137			AVENUE			DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed	11007702	
						02/02/1998		 _
2. Principal P	Place of Business	2a. Mailing Address	· 			4. FEI Number 65-081144	No	otied For CApplicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			·	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		ountry		This corporation owes the current year Personal Property Tax.	r Intangible Yes	No No
24	9. Name and Address of Cur	rren: Registered Agent	30	$\overline{}$		10. Name and Address of New Registe		
				81 1	Name			
	BRAGANZA, NOEL			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1	9 N.E. SECOND AVENUE MI FL 33137			83				
				84 (City		85 Zip (Code
		0501 1.007.4500 Fly.:1.	Ct-t t- th-				e of changing its	Logistored
l office or r	registered agent, or both, in the Starm registered agent, or both, in the Starm am familiar with, and accept the ob	ate of Florida, Such change	was authoriz	zed by the	e corporatio	oration submits this statement for the purpos in's board of directors. I hereby accept the a	prointment as re	gistered
*	im lamiliar with, and accept the ob	ligations or, section cor.osc	o, Franca St	iaiuies.				1
I GICKIATITE								l l
SIGNATUF:E	Signature, typed or printed name of registered				gnature required	when reinstating) DATI		
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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 circle 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. CITY-ST-ZIP

SIGNATURE:

Il di. Bacapou. 200 NOEL O GENEROLE OFFICER OR DIRECTOR

04.26.99.