

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90191 015 ***150.00

DOCUMENT # P98000014816

1. Corporation Name
ZERO INC.



Principal Place of Business
2351 SW 37TH AVENUE
SUITE 1011
MIAMI FL 33145

Mailing Address
2351 SW 37TH AVENUE
SUITE 1011
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4200 ANDORA STREET

Suite, Apt. #, etc.

22 STUDIO M

City & State

23 CORAL GABLES, FL

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 4200 ANDORA STREET

Suite, Apt. #, etc.

27 STUDIO M

City & State

28 CORAL GABLES, FL

Zip

29 33146

Country

30 USA

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

65-08200383

Applied For

No: 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

9. Name and Address of Current Registered Agent

BLUM, SAMULE SPENCER
2666 TIGERTAIL AVENUE
SUITE 106
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HUCKELBERRY, ROGER
STREET ADDRESS 2351 SW 37 AVENUE SUITE 1011
CITY-ST-ZIP MIAMI FL 33145

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition
1.2 NAME huckelberry, Roger
1.3 STREET ADDRESS 2351 SW 37 AVE, APT 204
1.4 CITY-ST-ZIP MIAMI, FL. 33145

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 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 changes are on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROGER HUCKELBERRY 4/26/99 444-4449

CR2E034 (11/98)

0217861