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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

4200 AUXIORA STREET

30

Country

81 Name

82

83

84 City

DOCUMENT # P98000014816

ANNORH STREET

USA

9. Name and Address of Curren: Registered Agent

1. Corporation Name

ZERO INC.

Principal Flace of Business

2. Principal Place of Business

STUDIO M

SUITE 106

BLUM, SAMULE SPENCER

COCONUT GROVE FL 33133

2666 TIGERTAIL AVENUE

47.00

Suite, Apt. #, etc.

City & State

CORA

2351 SW 37TH AVENUE

SUITE 1011 MIAMI FL 33145 Mailing Address

2351 SW 37TH AVENUE

2a. Mailing Address

City & State

CORUM

Suite, Apt. #, etc.

STUDIO

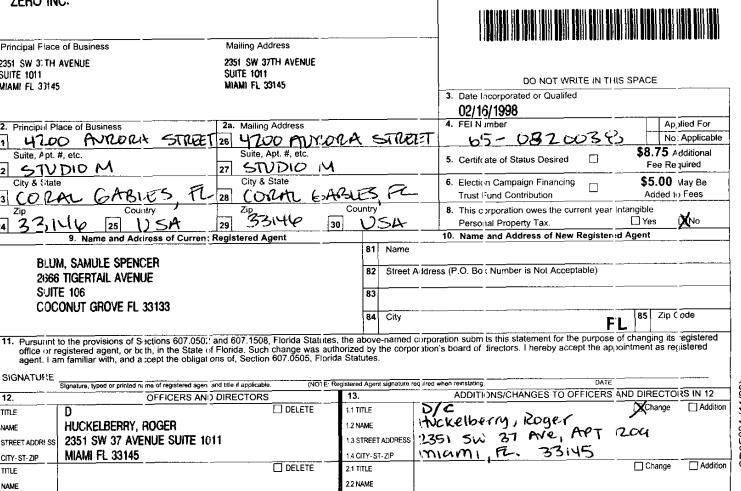
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SUITE 1011 MIAMI FL 33145

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90191 015 ***150.00



SIGNATURE (NO1 E- Registered Agent signature required when reinstating Signature, typed or printed nome of registered agen, and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS ☐ DELETE 1.1 TITLE TITLE Nickelberm, Roger HUCKELBERRY, ROGER 12 NAME NAME 12351 SW 37 AVE, APT 2351 SW 37 AVENUE SUITE 1011 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 33145 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 51TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 paths 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 of on an attack ment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)