PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90158 027 ***150.00

DOCUMENT # POROLOTOROA

Principal Place 4008 N.W. 24Th MIAMI FL 3314	OO ZULUAGA, INC. e of Business H STREET	Mailing Address 4008 N.W. 24TH STREET MIAMI FL 33142			DO NOT WRITE IN THIS 3. Date incorporated or Quelifed 08/20/1998		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65.0857910		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	e	City & State	>=		6. Election Campaign Financing	\$5.00	May Be-
23					Trust Fund Contribution	Added t	
Zip			Cour	try	This corporation owes the current year Int Personal Property Tax.	tangible Yes	
	9. Name and Address of Current	1	7		10. Name and Address of New Registered	Agent	
				81 Name			
ZULUAGA, ROSENDO			-	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	3 N.W. 24TH STREET		ļ	OLEGE AGG			
MIAN	MI FL 33142		ľ	83			_
}			}	B4 City		85 Zip (ode
1			J	1 "		-) [
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the ab thorized	ove-named corp by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its ntment as rep	registered gistered
ĺ	III taximat with, and accept the conget	ions of, Section 607.0505, Florid	da Statu	ies.			
SIGNATURE	Signature, typed or printed name of registered agent	t and lide if applicable. (NOTE: R	Registered /	gent signature require	od when rematating) DATE	·	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	ions of, Section 607.0005, Floric and lide if applicable. (NOTE: R D DIRECTORS	la Statu legistered /	gant signature require	·	ID DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and lide if applicable. (NOTE: R	la Statu Registered /	gont signature require	od when rematating) DATE	·	
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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 chapted. For on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: X