AMENDMENT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 PM 1:37

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DOCUMENT # P98000088325

1 Corporation Name
ZONE 2,000, INC.

Principal Place of Business
19351 N.W. 45 AVENUE
OPA LOCKA, FL
33055

Mailing Address
19351 N.W. 45TH AVENUE
OPA LOCKA, FL
33055

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified 10/15/1998

4. FEI Number 65-0870654 ☐ Applied For ☐ Not 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. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ALVAREZ, MAYTE
19351 N.W. 45TH AVENUE
OPA LOCKA, FL 33055

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	☐ DELETE	1.1 TITLE	☑ Change ☑ Addition
NAME ~~FRANK G. SANTANA~~		1.2 NAME ~~FRANK G. SANTANA~~	
STREET ADDRESS ALVAREZ, MAYTE		1.3 STREET ADDRESS PRESIDENT	
CITY-ST-ZIP 19351 NW 45 AVENUE		1.4 CITY-ST-ZIP FRANK G. SANTANA	
TITLE OPA LOCKA FL 33055	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME 19351 NW 45 AVENUE	
STREET ADDRESS		2.3 STREET ADDRESS OPA LOCKA, FL 33055	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS VICE PRESIDENT, SECRETARY,	
CITY-ST-ZIP		3.4 CITY-ST-ZIP TREASURER, DIRECTOR	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME ALVAREZ, MAYTE	
STREET ADDRESS		4.3 STREET ADDRESS 19351 NW 45 AVENUE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME OPA LOCKA, FL 33055	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 changed or added on an attachment with an address.

SIGNATURE: FRANK G SANTANA PRESIDENT 11/15/99 (305) 389 4667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #