06181999-90003-002-\$150.00-\$150.00

SIGNATURE:

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 99 JUL 13 PM 1:51 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLARIASSER, FLORIDA DOCUMENT # P98000103464 ZARA INCORPORATED Principal Piece of Business Mailing Address 420 BW 18TH TERRACE 420 SW 18TH TERRACE MAM FL 33129-1021 MIAM FL 33129-1021 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/11/1998 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. SR 75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 23 27 \$5.00 May Be City & State City & State 5. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Country This corporation owes the current year Intengible 25 30 Personal Property Tax. 24 18. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ZARAGOZI, JORGE M Street Address (P.O. Box Number le Not Acceptable) 420 SW 18TH TERRACE MANU FL 33129-1021 93 of Sections 607.0502 and 607.1508. Florida Statutes, the a 06- 18-49 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition TITLE KENT-12 NUME STREET ACCORE 1.3 STREET ADDRESS 1.4 CITY- \$T-ZIP CITY-81-2 Addition Change TITLE 21 MUE 22 NAME 2.3 STREET ADDRESS STREET ADDRE -1021 CITY-\$1-2P 2.4 CMY-51-29 Change Addition DELETE 91 TITLE MLE 445 3.2 NAME 13 STREET ADDRESS STREET ADDRESS CITY-ST-20 14. OTY-81-2P Change Addition DELETE TITLE 41TMF 4. 2 HALE STREET ADDRESS 4.3 STREET ACCRESS 4.4 CITY-ST-ZIP CITY-\$1-29 DELETE Change Addition TALE **6.3 STREET ADDRESS** STREET ADDRESS \$4 CRY-81-2P C/TY-81-2P DELETE &1 TITLE Addition TITLE 82 NAME NHE A.) KTWEET ADDRESS STREET ADDRESS 84 CITY-81-ZP CITY-ST-ZIP stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information raignature shall have the same legal effect as if made under oath; that I am an ri as required by Chapter 607. Floride Statutes; and that my name appears in



Jorge E. Zaragozí, Qualifier State General Contractor License N° CGC 003567

420 SW 18 Terrace Miami, FL 33129-1021 Telephone: (305) 856-6123

Fax: (305) 285-1698

July 1, 1999

Reinstatement Section Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

Your Ref. No: P98000103464

Dear Sir or Madam:

This is to acknowledge receipt of your deficiency letter of June 21, 1999 and to request a hardship waiver for the late penalty of \$400.00.

This is the first time that I have been actively involved in a for-profit corporation and am inexperienced in the reporting requirements of your office. This combined with a flu that deteriorated into a condition that was diagnosed as "walking pneumonia" kept me away from my obligations for a over a month and by the time I got back in order, your deadline had passed. I can assure you that there will be no recurrence of this delinquency.

I thank you in advance for your kind consideration.

Jorge M Zaragozí

Sincerely,