

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90031 041 \*\*\*150.00

DOCUMENT # S15030

1. Corporation Name  
ZOID, INC.



Principal Place of Business  
2301 COLLINS AVE.  
#111-B  
MIAMI BEACH FL 33139  
US

Mailing Address  
5800 PINE TREE DRIVE  
MIAMI BCH. FL 33140  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1990

4. FEI Number

65-0230333

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2650 N.E. 189TH ST.

2a. Mailing Address

26 2650 N.E. 189TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLA.

City & State

28 MIAMI, FLA.

Zip

24 33180

Country

25 USA

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

DAVIS, JAMES  
7933 WEST DRIVE #1027  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

JACK STENFELD (TRUSTEE)

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

2650 N.E. 189TH ST.

83

84 City MIAMI, FLA.

FL

85 Zip Code

33180

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

TITLE P  
NAME DAVIS, JAMES  
STREET ADDRESS 7933 WEST AVENUE #1027  
CITY-ST-ZIP MIAMI BEACH FL 33141

☒ DELETE

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P-T Tookie KOCHPOOM

2650 N.E. 189TH ST.

MIAMI, FLA. 33180

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

Date

305-864-2789

Daytime Phone #

0206622

CR2E034 (11/98)