## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$69441

(1)

ZAGA MIA CORPORATION

Principal Place of Business	
2294 W FLAGLER STREET	

U\$

Mailing Address

1731 S.W. 92ND COURT MIAMI FL 33165

## FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1991 FEI Number 2. Principal Place of Business 20. Mailing Address Applied For 21 65-0279921 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 1rust Fund Contribution 23 Added to Fees 26 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ. HECTOR 1731 S.W. 92ND COURT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** R3 84 85 Zip Code Crty 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607,0505, Florida Statutes. 11. Pursuant to the pro office or registered isions of Sections 607 050 agent, or both, in the State agent. I an SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE PEREZ. HECTOR NAME 1.2 NAME 1731 S.W. 92ND COURT STREET ADORESS 13 STHEET ADDRESS MIAMI FL 33/6. CITY - ST-ZIP 1.4 CHTY- ST- 7IF DELETE Change Addition TITLE 2.1701€ PEREZ, LOURDES NAME 2.2 NAME 1731 S.W. 92ND COURT STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1/1LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3 4. CITY - ST - 7IP DELETE Change Addition 4.1 THLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1)Y - ST - Z(P) CITY-ST-ZIP DELETE Add tion TITLE 6.1 11111 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 City - St - ZIP 14. Thereby 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 suppliemental annual report is que and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conforation or the receiver of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CNATURE Declar MILL Pres - 1-8-98 - 305 0116391