

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90249 002 ***150.00

DOCUMENT # S72083

1. Corporation Name
Z.M.V.S., INC.

Principal Place of Business
13221 S.W. 48TH STREET
MIAMI FL 33175

Mailing Address
13221 S.W. 48TH STREET
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1991

4. FEI Number

65-0276699

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 10013 SW 28 STREET

Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL

24 Zip 33165 25 Country USA

2a. Mailing Address

26 10013 SW 28 STREET

Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

29 Zip 33165 30 Country USA

9. Name and Address of Current Registered Agent

SEIJAS, ZOE M.
13221 S.W. 48TH STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

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

10013 SW 28 STREET

83

84 City
MIAMI

FL

85 Zip Code
33165

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

ZOE M. SEIJAS

3/10/99

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 PD
NAME SEIJAS, ZOE M
STREET ADDRESS 13221 SW 48TH ST
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ST
NAME SEIJAS, VICTOR
STREET ADDRESS 13221 SW 48 STR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VP
NAME SEIJAS, VINCE F.
STREET ADDRESS 13221 SW 48TH ST
CITY-ST-ZIP MIAMI FL ☐ 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SEIJAS, ZOE M.
1.3 STREET ADDRESS 10013 SW 28 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33165

2.1 TITLE ST ☐ Change ☐ Addition
2.2 NAME SEIJAS, VICTOR
2.3 STREET ADDRESS 10013 SW 28 STREET
2.4 CITY-ST-ZIP MIAMI, FL 33165

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME SEIJAS, VINCE F.
3.3 STREET ADDRESS 10013 SW 28 STREET
3.4 CITY-ST-ZIP MIAMI, FL 33165

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

3/10/99

(305)443-8500

Date

Daytime Phone #

CR2E034 (11/98)