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 #

C. & Z. ENTERPRISES GROUP, INC.

(3)

FILED Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 8345 NW 68 STREET 8345 NW 68 STREET							'
MIAMI FL 33166		8345 NW 68 STREET MIAMI FL 33166		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified	3 01 AOL	
					11/15/1991		1
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied Fo	ÞΓ
21		26			65-0295146	Not Applica	able
Suite, Apt	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additiona Fee Required	al .
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Z()	Z(j) Country		8. This corporation owes or has paid the current year Intangible		
24	25 [29]30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Registers	d Agent	
	MBRANO, MARTHA E.		81	Name			
1	15 N.W. 68TH ST. AMI FL 33166			Street Addr	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	92 and 607-1508, Florida <mark>Statute</mark> Fol Florida: Such change was a	es, the above	e-named corp y the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registe	red ad
CICNIATURE			orida Statute	s.			
	Signature, typed or proceed many of re-potential age	et and title if application (NOTE	Registered Ag	ent signature requir	ed when reinstating) DATE		_ ₆
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VD	☐ DETEAE	11 TITLE			Change Add	lition 3
NAME	, · · · · · · · · · · · · · · · ·		12 NAME				Š
STREET ADDRESS	64444		1.3 STREET ADDRESS				Ų
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STREET ADORESS			2.3 STREET				
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NAME			3.2 NAME				
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NAME STREET ADDRESS			6.2 NAME	1000000			
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CITY-ST-ZIP			64 CiTY-5	IT-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 in an attachment with an address

SIGNATURE: