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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
Division of Corporations

DOCUMENT # **V08168** **(9)**

1. Corporate Name
Z & M TRADING, INC.

Principal Place of Business	Mailing Address
1372 SW 131 PL CIR E MIAMI FL 33184	1372 SW 131 PL CIR E MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1992**
3a. Date of Last Report: **04/26/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	[illegible]	25	[illegible]
29	[illegible]	30	[illegible]

4. FEI Number: **65-0313024** ☐ 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 has validly elected to be taxed as an S Corporation under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAFRANSKY, ZUI 1372 SW 131 PL CIR E MIAMI FL 33184	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	SHAFRANSKY, ZVI	12 NAME	
03 STREET ADDRESS	1372 SW 131 PL CIR E	13 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that this report complies with the requirements of Section 607.1622, 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 11 or Block 13 if changed, or added, above or on an attachment with an address.

SIGNATURE: [signature] Pres: Ant 4/20/95 305-379-7010
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (DATE) (TELEPHONE NUMBER)
ZVI SHAFRANSKY

0201665 CP