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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V47258**

1. Corporation Name

ZAPATA INNOVATIVE CLOSURES, INC.

<u> </u>		·						<u> </u>	
Principal Place of Business Mailing Address									
FOREST ROAD 2699 S. BAYSHORE DRIVE									
_	DUSTRIAL PARK	PENTHOUSE B	_			DO NOT WIDITE IN THIS SPACE			
HAZLETON PA 18201 COCONUT GROVE FL 3313			13			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
us us									
						07/01/1992		AU F	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						65-0346249		Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	
22 27							Fee	Required	
City & State City & State						6. Election Campaign Financing	•	O May Be	
23 28						Trust Fund Contribution	Adde	d to Fees	
Zip ^v a	Country Zip			itry		8. This corporation owes the current year Intag			
24	25	29 30				Personal Property Tax.			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		
			Į,	81	Name				
HAZDAY, SALOMON J			}	82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
2699 S. BAYSHORE DR			[-	Oli Cot Addi	Address (F.O. Dox Hamber is Not Acceptable)			
PENTHOUSE B			[7	83					
COC	ONUT GROVE FL 33133]_				1-1"-	, , , , , , , , , , , , , , , , , , ,	
	:			84	City	FL	85 Zi	p Code	
44 Dumousset	to the assuicione of Sections 607 0603	and 607 1508 Florida Statut	e the ah	OVA	-named com	protion submits this statement for the nurnose of Ch	nanging	its registered	
office or n	egistered agent or both, in the State o	if Florida. Such change was a	uthorized	by t	the corporatio	on's board of directors. I hereby accept the appoint	ment as	registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statul	tes.					
SIGNATURE						d when reinstalling) DATE	<u> </u>		
organization printer and a second printer and a sec				gent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
12. OFFICERS AND DIRECTORS			13.	1,1 TITLE			Chang		
TITLE	D	M presie						- 	
NAME ZAPATA-GOMEZ, CLAUDIO			1.2 NAN			· Lance and a			
STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE B			1.3 STR	EET.	ADDRESS	ريهاء المحديدات			
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CIT		·ZIP	•		a 1571 Autolitian	
TITLE	DS	₩ DELETE	2.1 TITL	E.	8	Secretary	☐ Chang	e 📉 Addition	
NAME .	ZAPATA-BAKAS, CLAUDIO		2.2 NAN	Æ	9	Salomon Hazday, Jr.		[
STREET ADDRESS	2699 S. BAYSHORE DRIVE, PENTHOUSE B					2699 S. Bayshore, Ph-B			
CITY-ST-ZIP	COCONUT GROVE FL 33133		2. 4 CIT	Y-\$1		Coconut Grove, FL 33133			
TITLE	D	☐ DELETE	3.1 7177.	æ.	,	33133 .	Chang	e 🗌 Addition I	
NAME	ZAPATA-AKINCILAR, HERNAN 32			ΛE				ĺ	
STREET ADDRESS				REET	ADDRESS				
CITY-ST-ZIP				Y-S1	T-ZIP			1	
TITLE	D XX DELETE 4:						Chang	e Addition	
NAME	LIANO-CUENCA, RICARDO		4. 2 NA	ME					
STREET ADORESS	LIANO-OCLITON, SILONIDO				ADDRESS				
		IOOSE D			ĺ				
CITY-ST-ZIP	Dever		4.4 CiT		- EIF		Chang	e	
\	C00 ·		9.1 1111		-				
	TORRED OLIVIAND		5.2 NAN	ME:					
NAME	TORRES, RAYMOND		5.2 NAA 5.3 STR		AUDBESS		•		
STREET ADDRESS	2699 S. BAYSHORE DRIVE, PEI		5.3 STR	EET	ADDRESS		•		
STREET ADDRESS CITY-ST-ZIP	2699 S. BAYSHORE DRIVE, PE COCONUT GROVE FL 33133	NTHOUSE B	5.3 STR 5.4 CIT	REET Y-ST	\ \		Chora	a Addition	
STREET ADDRESS	2699 S. BAYSHORE DRIVE, PEI COCONUT GROVE FL 33133 EO		5.3 STR 5.4 CIT 6.1 TITL	REET Y-ST LE	\ \	•	Chang	e	
STREET ADDRESS CITY-ST-ZIP	2699 S. BAYSHORE DRIVE, PE COCONUT GROVE FL 33133	NTHOUSE B	5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	REET Y-ST LE ME	\ \	•	Chang	e 🔲 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.

6.4 CITY-ST-ZIP

SIGNATURE:

COCONUT GROVE FL 33133

CITY-ST-ZIP

3058568804

Daytime Phone #