PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90024 021 ***150.00

ZOPLAYO	JMA U.S.A., COHPOHATION	l	/					
Principal Place	of Business	Mailing Address				- I 1881! Bitali dibid idibi atili doli dali dibil di	OLA GAGAL GLACA	
168 SE 1 STRE		9745 SUNSET DRIVE				1		
SUITE 500	STE 201					00.05		
MIAMI FL 33131	MIAMI FL 33173-4649	I FL 33173-4649			DO NOT WRITE IN THIS SPACE			
US	US				3. Date Incorporated or Qualifed		J	
		- AA W - A dd			•	07/09/1992 4. FEI Number		pplied For
2. Principal Pl	ace of Business	2a. Mailing Address				1		lot Applicable
21		Suita Ant # ata				65-0348557		Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	· -	Required
22 City 8 Ctat		City & State				6. Election Campaign Financing		May Be
City & State	9	28				Trust Fund Contribution		to Fees
23 Zin	Country	Zip	Count	trv		8. This corporation owes the current year into		
Zip	L1	29 3	_	,		Personal Property Tax.	12 Yes	□No
24	9. Name and Address of Current		91			10 Name and Address of New Registered	Agent	
	9. Name and Address of Carten	t Hogistered Agent	1	31	Name			
ZAN	OTTI, JUAN A.			_				
	SE 1ST STREET	Y*	{	32 3	Street Addre	ess (P.O. Box Number is Not Acceptable)		ļ
₹ SUIT			la la	83				
* MIAN			~					
E 1710 111				34 (City	FL	85 Zip	Code
<u> </u>		-1 COZ 4500 Florido Ctatutos	the eb	200.5	nomed come	eration submits this statement for the nurnose of	changing i	s registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auti tions of, Section 607.0505, Florid	norized i la Statut	es.	e corporation	n's board of directors. Thereby accept the appoin	ntment as i	egistered
	Signature, typed or printed name of registered agen		egistered A	gent si	ignature required	when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
TITLE	PD	☐ DELETE	1.1 TITL				Onlange	
NAME	ZANOTTI, JUAN ANTONIO	_	1.2 NAM		Ì			Ì
STREET ADDRESS	168 SE 1ST STREET SUITE 500	0	1.3 STR	EETAL	DORESS	•		
CITY-ST-ZIP	MIAMI FL		1.4 CIT)		ZIP		☐ Change	Addition
πιε	V	☐ DELETE	2.1 TITL		[Citaliye	Addition
NAME	ZANOTTI, MARCELO R.		2.2 NAM	Æ				
STREET ADDRESS	168 SE 1ST STREET SUITE 500	0	2.3 STR	EETA	DDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CIT		ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITL	.E			Change	, Naningii
NAME			3.2 NAM	Æ				
STREET ADDRESS			3.3 STR	EETAI	DDRESS			
CITY-ST-ZIP			3.4. CIT		ZIP		Char	Addis-
TITLE	1	☐ DELETE	4.1 TITL	Æ			Change	Addition
NAME			4. 2 NA	ΜE				
STREET ADDRESS			4.3 STR	EET AL	DORESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	ZIP		<u> </u>	A statistic
TITLE		☐ DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			5.3 STA	REET AL	DDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			-
TITLE		☐ DELETE	6.1 TITL		İ		☐ Change	Addition
NAME	1		6.2 NAM	Æ	}			
STREET ADDRESS	}		6.3 STF	REETA	DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-Z	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 if 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 receive or based 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 attacking of the corporation of the corpora

SIGNATURE:

CITY-ST-ZIP