**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:59

DOCUMENT # V52236 (9)

1. Corporation Name
ZBSL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~17070 COLLINS AVE~~<br>~~SUITE 270~~<br>MIAMI BEACH FL 33160 | ~~17070 COLLINS AVE~~<br>~~SUITE 270~~<br>MIAMI BEACH FL 33160 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0354699 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 P.O. BOX 601095 | Suite, Apt. #, etc.<br>27 P.O. BOX 601095 |
| City & State<br>23 N.MIAMI BEACH, FL ~~33160~~ | City & State<br>28 N.MIAMI BEACH, FL. |
| Zip / Country<br>24 33160 / 25 | Zip / Country<br>29 33160 / 30 |

9. Name and Address of Current Registered Agent

BLOCK, LEON
~~17070 COLLINS AVE.~~
~~SUITE 270~~
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: BLOCK, LEON
82 Street Address (P.O. Box Number is Not Acceptable): 17021 N. BAY RD.
83 #215
84 City: N.MIAMI BEACH FL 85 Zip Code: 33160

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DV | 11 TITLE | DV | ☒ Change ☐ Addition |
| NAME | BLOCK, LEON | 12 NAME | BLOCK, LEON | |
| STREET ADDRESS | ~~17070 COLLINS AVE. #270~~ | 13 STREET ADDRESS | P.O. BOX 601095 (N/A) | |
| CITY-ST-ZIP | MIAMI BCH FL | 14 CITY-ST-ZIP | N.MIAMI BEACH, FLA. 33160 | |
| ~~TITLE~~ | ~~DV~~ | 21 TITLE | | ☐ Change ☐ Addition |
| ~~NAME~~ | ~~GHNAIDERMAN, GREGORY~~ | 22 NAME | | |
| ~~STREET ADDRESS~~ | ~~505 NE 189TH ST.~~ | 23 STREET ADDRESS | | |
| ~~CITY-ST-ZIP~~ | ~~MIAMI FL~~ | 24 CITY-ST-ZIP | | |
| ~~TITLE~~ | ~~DV~~ | 31 TITLE | | ☐ Change ☐ Addition |
| ~~NAME~~ | ~~SHAVIN, SUSAN~~ | 32 NAME | | |
| ~~STREET ADDRESS~~ | ~~505 NE 189TH ST.~~ | 33 STREET ADDRESS | | |
| ~~CITY-ST-ZIP~~ | ~~MIAMI FL~~ | 34 CITY-ST-ZIP | | |
| TITLE | DST | 41 TITLE | DST | ☒ Change ☐ Addition |
| NAME | BLOCK, SANDRA | 42 NAME | BLOCK, SANDRA | |
| STREET ADDRESS | ~~17070 COLLINS AVE #270~~ | 43 STREET ADDRESS | P.O. BOX 601095 (N/A) | |
| CITY-ST-ZIP | MIAMI BCH FL | 44 CITY-ST-ZIP | N.MIAMI BEACH, FLA. 33160 | |
| TITLE | DP | 51 TITLE | DP | ☐ Change ☐ Addition |
| NAME | STEIN, BARBARA | 52 NAME | STEIN, BARBARA | |
| STREET ADDRESS | P.O. BOX 601095 (N/A) | 53 STREET ADDRESS | P.O. BOX 601095 (N/A) | |
| CITY-ST-ZIP | MIAMI BEACH, FLA. 33160 | 54 CITY-ST-ZIP | N.MIAMI BEACH, FLA. 33160 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sandra E. Block 4/26/95 305-945-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172202 CP