

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:51

DOCUMENT # V54989

(1)

1. Corporation Name

ALZ. INTERNATIONAL INC.

Principal Place of Business

**PO BOX 271056
TAMPA FL 33688-1056**

Mailing Address

**PO BOX 271056
TAMPA FL 33688-1056**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1992

3a. Date of Last Report

12/08/1994

4. FEI Number

59-3139610

Approved 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**

7. This corporation has liability for information under s. 119.11(2)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State Apt # etc

State Apt # etc

City & State

City & State

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9. Name and Address of Current Registered Agent

**ZATAR, MOHAMMED A
4530 CEDERWOOD VILLAGE DRIVE
TAMPA FL 33624**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

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04 City

FL

05 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent

Signature of Registered Agent or Registered Agent

Signature

12. OFFICERS AND DIRECTORS

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D- P.
ZATAR, ABDEL LATIF
4530 CEDARWOOD VILLAGE
TAMPA FL
0
ZATAR, MOHAMMED ABDULLAH
4530 CEDARWOOD VILLAGE
TAMPA FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)
☒ Change ☐ Addition
P.
ZATAR, ABDEL LATIF
4530 CEDARWOOD VILLAGE DR.
TAMPA, FL 33624

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

6/26/95 (8:22) 0030