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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

21

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23 Zip 24

DOCUMENT # **V54989**

A.L.Z. INTERNATIONAL INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

9. Name and Address of Current Registered Agent

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90148 017 ***150.00



Principal Place of Business	Mailing Address	f ibati bitati ditti finta ierbi idite ini dien eini eini enen einn einn einn			
7958 NW 7TH CT PLANTATION FL 33324 US	7958 NW 7TH CT PLANTATION FL 33324 US	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1992			
	•				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	59-3139610 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			

ZATAR, MOHAMMED A 7958 NW 7TH CT PLANTATION FL 33324

		Personal Prop	CITY IDA.		<u> </u>		
10. Name and Address of New Registered Agent							
81	Name						
82	Street Addres	s (P.O. Box Number	er is Not Acceptab	ole)			
	•			,			
83							

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE	•	Change	☐ Addition		
NAME	ZATAR, ABDEL LATIF		1.2 NAME					
STREET ADDRESS	7958 NW 7TH CT		1.3 STREET ADDRESS]		
CITY-ST-ZIP .	PLANTATION FL 33324		1.4 CiTY-ST-ZiP					
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	ZATAR, MÖHAMMED ABDULLAH		2.2 NAME					
STREET ADDRESS	- 7958 NW 7TH CT	÷	. 2.3 STREET ADDRESS		· ·			
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	·	. Change	☐ Addition		
NAME		,	3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1.45-21-7	 			
TITLE		☐ DELETE	5.1 TITLE	• '	☐ Change	☐ Addition		
NAME			5.2 NAME	•				
STREET ADDRESS			5.3 STREET ADDRESS	•		ļ		
CITY+ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	•	☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	·		6.4 CITY-ST-ZIP					

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.