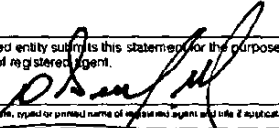
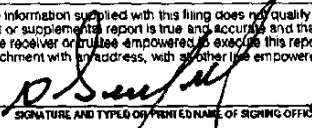


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90080 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000063458		
1. Entity Name OMERCA INTERNATIONAL, INC.		
Principal Place of Business 6979 NW 84 AVE MIAMI, FL 33166		Mailing Address 6979 NW 84 AVE MIAMI, FL 33166
2. Principal Place of Business 8751 NW 102 ST Suite, Apt. #, etc.	3. Mailing Address 8751 NW 102 ST Suite, Apt. #, etc.	
City & State MEDLEY FL Zip 33178	City & State MEDLEY FL Zip 33178	
4. FEI Number 65-1020840		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SENF, ALEX E 6979 NW 84 AVE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name 8751 NW 102 STREET City MEDLEY FL Zip Code 33178
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ALEX SENF DATE 03/20/03 (NOTE: Registered Agent Signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SENF, ALEX E 6979 NW 84 AVE MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8751 NW 102 STREET MEDLEY FL 33178	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another fee empowered.		
SIGNATURE:  ALEX SENF-PRES DATE 03/20/03 (305) 887-1425 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CFR2034 (10/02)