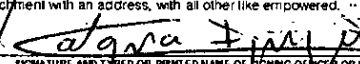


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109085			
1. Entity Name ONDACEL INTERNATIONAL, INC.			
Principal Place of Business 6995 N.W. 82 AVENUE, #40 MIAMI, FL 33166		Mailing Address P.O. BOX 161332 HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number: 65-1060499 Applied For: ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALAGNA, IGNAZIO 6995 N.W. 82 AVENUE, #40 MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
PD	IGNACIO, CALAGNA		
STREET ADDRESS	201 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	S	☐ Delete	
NAME	URBINA, CARLOS		
STREET ADDRESS	6995 N.W. 82 AVENUE, #40		
CITY-ST-ZIP	MIAMI, FL 33166		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
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 all other like empowered.			
SIGNATURE:  4/30/03 (784) 706-1812			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)