FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000113776*

1. Entity Name
O.Z. International Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7876 N.W. 52 St.
Suite, Apt. #, etc.

3. Mailing Address
2234 S.W. 140 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Miami Fl.*
Zip *33166* Country *U.S.A.*

City & State *Miami Fl.*
Zip *33175* Country *U.S.A.*

4. FEI Number *65-1089854* [X] Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *Oscar Zapata.*
Street Address (P.O. Box Number is Not Acceptable)
2234 S.W. 140 Ave
City *Miami* FL Zip Code *33175*

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE			TITLE	
President			TITLE	
NAME	Oscar Zapata.		NAME	
STREET ADDRESS	2234 S.W. 140 Ave		STREET ADDRESS	
CITY-ST-ZIP	Miami Fl. 33175		CITY-ST-ZIP	
TITLE	Secretary		TITLE	
NAME	Beatriz E. Ochoa.		NAME	
STREET ADDRESS	13431 S.W. 80 St.		STREET ADDRESS	
CITY-ST-ZIP	Miami Fl. 33183		CITY-ST-ZIP	
TITLE			TITLE	
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar Zapata*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/22/02*
Daytime Phone # *305 5928998* *305 2104715*

CR2E034B (12/01)