

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90053 049 ***550.00

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AD577301



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000008392

1. Entity Name
Z.R.S. INTERNATIONAL CORPORATION

Principal Place of Business
C/O STRAWN, MONAGHAN & COHEN, P.A.
54 NE 4TH AVENUE
DELRAY BEACH FL 33483

Mailing Address
C/O STRAWN, MONAGHAN & COHEN, P.A.
54 NE 4TH AVENUE
DELRAY BEACH FL 33483

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2. Principal Place of Business
C/O S.L. LORENZO, P.A.
Suite, Apt. #, etc.
25 Seabreeze Avenue
City & State
Delray Beach, FL
Zip
33483
Country
Palm Beach

3. Mailing Address
C/O S.L. LORENZO
Suite, Apt. #, etc.
25 Seabreeze Avenue
City & State
Delray Beach, FL
Zip
33483
Country
Palm Beach

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUDIT, ISIAIS
3275 W HILLSBORO BLVD
SUITE 100
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
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.
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)
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SUDIT, ZWI
C/O STRAWN, MONAGHAN & COHEN, P.A., 54 NE
DELRAY BEACH FL 33483
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Zwi Sudit 8/4/00 561-338-8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #