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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087893 (0)

1. Corporation Name

OZ ACCOUNTING SERVICE, CORP.

Principal Place of Business

451 N.W. 82ND AVE. APT. 810
MIAMI FL 33126

Mailing Address

451 N.W. 82ND AVE. APT. 810
MIAMI FL 33126-2153



3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0623555

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 451 N.W. 82ND AVENUE

Suite, Apt. #, etc.

22 # 810

23 City & State
MEDINE, FLORIDA

24 Zip
33126

Country

2a. Mailing Address

26 451 N.W. 82ND AVENUE

Suite, Apt. #, etc.

27 # 810

28 City & State
MEDINE, FLORIDA

29 Zip
33126

Country

9. Name and Address of Current Registered Agent

ZAPATA, OSCAR H
451 N.W. 82ND AVE. APT. 310
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Oscar Horacio Zapata*

OSCAR HORACIO ZAPATA

04-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ZAPATA, OSCAR H
STREET ADDRESS 451 N.W. 82ND AVE. # 810
CITY- ST- ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME ZAPATA OSCAR HORACIO
1.3 STREET ADDRESS 451 N.W. 82ND AVENUE # 810
1.4 CITY- ST- ZIP MEDINE, FLORIDA 33126

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

Oscar Horacio Zapata

OSCAR HORACIO ZAPATA

04-10-97

(305) 267-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)