

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087893 (0)**

1. Corporation Name

OZ ACCOUNTING SERVICE, CORP.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

65-0623555

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 451 N.W. 82ND AVE # 810

Suite, Apt #, etc.

22 APT # 810

City & State

23 MIAMI, FLORIDA

Zip

24 33126

Country

25 U.S.A

2a. Mailing Address

26 Same.

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ZAPATA, OSCAR H
451 N.W. 82ND AVE. APT 810
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

ZAPATA OSCAR HORACIO

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

83

451 N.W. 82 AVENUE, APT # 810

84 City

MIAMI

FL

85 Zip Code

33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-29-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

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TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-98 (305) 810-2616

Date

Daytime Phone #

0173361

CR2E034 (10/97)