

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000035009 (4)

1. Corporation Name
OZM, INC.



Principal Place of Business
724 S.W. 99 COURT CIRCLE
MIAMI FL 33174

Mailing Address
724 S.W. 99 COURT CIRCLE
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

07-0788657

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 440 W. 16 AVE

Suite, Apt., etc.
#249

23 City & State
HALEAH, FL

24 Zip Country
33012 U.S.A.

2a. Mailing Address

26 440 W. 16 AVE

Suite, Apt., etc.
#249

28 City & State
HALEAH, FL

29 Zip Country
33012 U.S.A.

9. Name and Address of Current Registered Agent

ZACCA, ORLANDO M
724 S.W. 99 COURT CIRCLE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name Orlando Muniz-Zacca
82 Street Address (P.O. Box numbers Not Accepted) 440 W. 16 AVENUE
83 Suite #249
84 City HALEAH FL 85 Zip Code 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Orlando Muniz-Zacca

ORLANDO MUNIZ-ZACCA, Pres. 1/9/98

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME ZACCA, ORLANDO M
STREET ADDRESS 724 S.W. 99 COURT CIRCLE
CITY-ST-ZIP MIAMI FL 33174

TITLE D ☐ DELETE
NAME ZACCA, ORLANDO M
STREET ADDRESS 724 S.W. 99 COURT CIRCLE
CITY-ST-ZIP MIAMI FL 33174

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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

Orlando Muniz-Zacca

ORLANDO - MUNIZ-ZACCA
PRESIDENT 1/9/98 (305) 231-0903

CR2E034 (10/97)