

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

FILED
Feb 26 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 # 584709 (0)
 1. Corporation Name
ORION INVESTMENT AND MANAGEMENT LTD. CORP.



Principal Place of Business ONE DATRAN CENTER 9100 DADELAND BOULEVARD MIAMI FL 33156	Mailing Address P.O. BOX 560607 MIAMI FL 33756
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	ORION INVESTMENT AND MANAGEMENT LTD. CORP. 1000 S.W. 152 STREET, STE. #106 MIAMI, FLORIDA 33157 P.O. BOX 560607 MIAMI, FLORIDA 33256 (305) 878-8400	26	P.O. BOX 560607 MIAMI FL 33756	09/12/1978	
22	City & State	27	Suite, Apt. #, etc	4. FEI Number	Applied For
23	Zip	28	Country	59-1845874	Not Applicable
24	Country	29	Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, B. MACKAY 7100 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANZ, JOSEPH		1.2 NAME		
STREET ADDRESS	9100 S. DADELAND BLVD. #1700		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33156		1.4 CITY - ST - ZIP		
TITLE	SVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUHRMASTER, NORMAN J		2.2 NAME		
STREET ADDRESS	9100 SA. DADELAND BLVD. #1700		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANZ, JOAN		3.2 NAME		
STREET ADDRESS	9100 S. DADELAND BLVD. #1700		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP		
TITLE	SVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATTLER, RICHARD M		4.2 NAME		
STREET ADDRESS	9100 S DADELAND BLVD, #1700		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, B. M		5.2 NAME		
STREET ADDRESS	9100 S DADELAND BLVD., #1700		5.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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: *[Signature]* 1/8/98 305-278-8400

CP2E034 (10/97)