

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 855967 (6)

1. Corporation Name

ORQUIDEA BUSINESS CORPORATION



Principal Place of Business

Mailing Address

% LUISA GOMEZ  
12310 S.W. 95TH TERRACE  
MIAMI FL 33186

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12310 S.W. 95TH TERRACE  
MIAMI FL 33186

3. Date Incorporated or Qualified

03/25/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2343438

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIEGELMAN, MAX  
19 WEST FLAGLER STREET  
SUITE 420, BISCAYNE BLDG.  
MIAMI FL 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ROCA, ALVARO  
STREET ADDRESS CALLE 122 #21-34, #202  
CITY- ST- ZIP SANTA FE, COLOMBIA

TITLE VPT ☐ DELETE  
NAME MELENDEZ, JORGE  
STREET ADDRESS CALLE 90 #12-45, 6TH PIS  
CITY- ST- ZIP SANTA FE, COLOMBIA

TITLE D ☐ DELETE  
NAME SUAREZ, GERMAN  
STREET ADDRESS CALLE 90 #12-45, 6TH PIS  
CITY- ST- ZIP SANTA FE, COLOMBIA

TITLE SD ☐ DELETE  
NAME SUAREZ, GERMAN  
STREET ADDRESS CARRERA 16 A #84-25  
CITY- ST- ZIP SANTA FE, COLOMBIA

TITLE AS ☐ DELETE  
NAME GOMEZ, LUISA  
STREET ADDRESS 12310 S.W. 95TH TERRACE  
CITY- ST- ZIP MIAMI FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/96

446-2292

CR2E034 (12/95)