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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENT # F1754	7 (3) .	1		
	ORO COMPANY INTERNAT				. 1861
Principal Plac	e of Business	Mailing Address			ł (OD)
975 ARTHUR GODFREY ROAD SUITE 214 MAMI BEACH FL 33140		975 ARTHUR GODFREY ROA	D		
		SUITE 214 MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE	
Will Deliver	7 1 441 14			3. Date Incorporated or Qualified	
				01/29/1981	
	face of Business	2a. Mailing Address		4. FEI Number Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2152992 Not Apr	
22		27		6. Certificate of Status Desired Fee Require	
City & Stat	Ө	City & State		6. Election Campaign Financing \$5.00 May	Be
23		28		Trust Fund Contribution Added to Fe	
Zip	Country 25	Zip 30	Country	8. This corporation owes or has paid the current year Intangil Personal Property Tax due June 30. Yes No	
24]	9. Name and Address of Curre		l 	10. Name and Address of New Registered Agent	
\$0	RO, LUIS A		81 Name		
2402 ÅLTON ROAD MIAMI BEACH FL 33140			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			63		
			64 City	EL 85 Zip Code	,
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	the above-named	corporation submits this statement for the purpose of changing its regionalion's board of directors. I hereby accept the appointment as regis	istered
office or r agent. I a	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was auth jations of, Section 607.0505, Florida	orized by the corp a Statutes.	poration's board of directors. I hereby accept the appointment as regis	stered
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ont and life if applicable (NOTE: Re ND DIRECTORS	gistered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PD	DELETE	1.1 TITLE		Addition
NAMÉ	SORO, LUIS A		1.2 NAME		
STREET ADDRESS	2402 ALTON ROAD	į	1.3 STREET ADDRESS		Į
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 DITY-ST-ZIP		
TITLE	STD CODO MARIA D	DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME OTHER ADDRESS	SORO, MARIA D 2402 ALTON ROAD		2.2 NAME 2.3 STREET ADDRESS		ĺ
STREET ADDRESS CITY-ST-2IP	MIAMI BEACH FL 33140		2 4 CITY-ST-ZIP		
TITLE	110 0011 0 0 0 1 1 0	☐ DELETE	3 1 TITLE	Change	Addition
NAME			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Driege	3.4. CITY-ST-ZIP	0	Address
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐	Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-2IP		DELETE	5.4 CITY-ST-ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing does not ownly for the proposition of the certify that the information indicated on this annual report or suppliemental 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 truetce 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

6.2 NAME

6.3 STREET ADDRESS

(Luis A. SORO) 1-19-98 (305) 534-5000 SIGNATURE:

FILED

Apr 13 1998 8:00am

Secretary of State