

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:58

DOCUMENT # L65942 (9)

1. Corporation Name
ORLANDO PROPERTY VENTURES, INC.

Principal Place of Business: **599 LEXINGTON AVE. 26TH FLOOR NEW YORK NY 10043 US**
Mailing Address: **801 N.E. 167TH ST. SUITE 300 N. MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1990**
3a. Date of Last Report: **06/13/1994**
4. FEI Number: **13-3568826** 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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 300
N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CULLEN, THOMAS
STREET ADDRESS	599 LEXINGTON AVE
CITY ST ZIP	NEW YORK NY
TITLE	DVS
NAME	MURANELLI, JOHN
STREET ADDRESS	599 LEXINGTON AVE
CITY ST ZIP	NEW YORK NY
TITLE	DVA
NAME	ALDUINO, JOSEPH
STREET ADDRESS	599 LEXINGTON AVE
CITY ST ZIP	NEW YORK NY
TITLE	VAS
NAME	PAN, MARGARET
STREET ADDRESS	599 LEXINGTON AVE
CITY ST ZIP	NEW YORK NY
TITLE	VAS
NAME	SHELLY, LAURIE
STREET ADDRESS	599 LEXINGTON AVE
CITY ST ZIP	NEW YORK NY
TITLE	VPS
NAME	Walsh, Kathleen A
STREET ADDRESS	599 Lexington Avenue
CITY ST ZIP	New York, New York

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Pakravan, Perry	
13 STREET ADDRESS	599 Lexington Avenue, 26th Floor	
14 CITY ST ZIP	New York, New York	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(g), 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]* DATE: **3/1/95** 712-559-1862
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN R. MURANELLI**