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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
*Katherine Harris*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002599

Corporation Name  
THE ORGANIZATION FOR RESIDENCY AND CITIZENSHIP I  
N AMERICA (ORCA), INC.

Principal Place of Business  
2320 N.W. 115 DRIVE  
CORAL SPRINGS FL 33065

Mailing Address  
P. O. BOX 450340  
SUNRISE FL 33345-0340



|                             |   |   |
|-----------------------------|---|---|
| Principal Place of Business | 2a. Mailing Address<br>28 P.O. Box 934458 | 3. Date Incorporated or Qualified<br>05/06/1998   |
| Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.                    | 4. FEI Number<br>65-0834738   |
| City & State                | 28 City & State<br>MARGATE, BROWARD       | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |
| Zip Country<br>25           | 29 Zip Country<br>33093 30 BROWARD        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>MAHARAJ, JAGRAM S<br>2320 NW 115 DR<br>CORAL SPRINGS FL 33065 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |
|--|--|

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 2. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |
|---------------------------|--|---|--------------------------|
| OFFICER                   | P<br>MAHARAJ, JAGRAM R<br>2320 NW 115 DRIVE<br>CORAL SPRINGS F; 33065            | 1.1 TITLE   |                          |
| OFFICER                   | VP<br>GUTIERREZ, AUGUSTO<br>2880 PINE-TREE DRIVE, APT. 3<br>MIAMI BEACH FL 33140 | 1.2 NAME  |                          |
| OFFICER                   | S<br>CADOGAN, ROY<br>6080 NW 42 WAY<br>COCONUT CREEK FL 33073                    | 1.3 STREET ADDRESS                                    |                          |
| OFFICER                   | D<br>OVIEDO-REYES, ALFONSO<br>8370 WEST FLAGLER ST., SUITE 110<br>MIAMI FL 33144 | 1.4 CITY-ST-ZIP                                       |                          |
| OFFICER                   | D<br>LALTOO, ALLAN<br>228 GLENN PARKWAY<br>HOLLYWOOD FL 33021                    | 2.1 TITLE   | VP                       |
| OFFICER                   | D<br>BABOOLAL, RICKY<br>2139 NW 45 AVE.<br>COCONUT CREEK FL 33068                | 2.2 NAME  | BABOOLAL, RICKY          |
|                           |  | 2.3 STREET ADDRESS                                    | 2139 NW 45 AVE           |
|                           |  | 2.4 CITY-ST-ZIP                                       | COCONUT CREEK, FL 33066  |
|                           |  | 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   | TREASURER                |
|                           |  | 6.2 NAME  | GUTIERREZ, AUGUSTO       |
|                           |  | 6.3 STREET ADDRESS                                    | 411 SW 120 Ave           |
|                           |  | 6.4 CITY-ST-ZIP                                       | Pembroke Pines, FL 33027 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JAGRAM S. MAHARAJ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR  
Date: 7-28-99

CR2E037 (5/99)