

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37956 (0)**
1. Corporation Name
ORICON TRADING, LTD. INC.



Principal Place of Business: P.O. BOX 160761 MIAMI FL 33116
Mailing Address: P.O. BOX 160761 MIAMI FL 33116

3. Date Incorporated or Qualified: **03/19/1992**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21 **Two S. Biscayne Blvd**
Suite, Apt. #, etc.
22 **One Biscayne Tower Suite 3400**
City & State
23 **Miami Fla.**
Zip
24 **33131** Country
25 **U.S.A.**

4. FEI Number: **98-0122777-2**
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

9. Name and Address of Current Registered Agent
GARBATI, MARIA CLARA
11729 S.W. 95TH STREET
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: **Valdes-Frauli Corporate Serv. Inc.**
82 Street Address (P.O. Box Number is Not Acceptable): **Two S. Biscayne Blvd.**
83 **One Biscayne Tower Suite 3400**
84 City: **Miami** FL 85 Zip Code: **33131**

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* Date: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CASTELLANOS, JUAN JOSE	
STREET ADDRESS	20A AVE. GON ZA TRANSV. CALLE ARAURE	
CITY-ST-ZIP	GARACAS, VENEZUELA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARBATI, MARIA CLARA	
STREET ADDRESS	11729 S.W. 95TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input 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)(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 on an attachment with an address.

SIGNATURE: *Maria Clara Garbat* (Secretary) Date: **04.10.96** Telephone: **305-270-9761**

CR2E034 (12/95)