

'2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90465 048 ***158.75

DOCUMENT # P37956

1. Entity Name

ORICON TRADING, LTD. INC.

Principal Place of Business

Mailing Address

TWO S. BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131
 US

TWO S. BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131-1806
 US

2. Principal Place of Business

c/o RJVF Corporate Services,
 Suite, Apt. #, etc.
Steel, Hector & Davis

3. Mailing Address

Inc. c/o RJVF Corporate Services,
 Suite, Apt. #, etc.
Steel, Hector & Davis



Inc. DO NOT WRITE IN THIS SPACE

City & State

2 So. Bisc. Blvd., Ste.4000

City & State

2 So. Bisc. Blvd., Ste.4000

4. FEI Number

98-0122777

Applied For

Not Applicable

Zip Country
 Miami, FL 33131 U.S.A.

Zip Country
 Miami, FL 33131 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICE INC
 TWO S. BISCAYNE BLVD.
 ONE BISCAYNE TOWER, SUITE 3400
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
RJVF CORPORATE SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
c/o Steel, Hector & Davis
2 South Biscayne Boulevard, Suite 4000
 City **FL** Zip Code **33131**
Miami

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

RJVF CORPORATE SERVICES, INC.

SIGNATURE By:

Raul J. Valdes-Fauli, Pres.

04/12/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PCD CASTELLANOS, JUAN JOSE**
 STREET ADDRESS **CALLE ARAURE, EL MARQUEZ, LOCAL #3**
 CITY-ST-ZIP **CARACAS VE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S GARBATI, MARIA CLARA**
 STREET ADDRESS **11729 S.W. 95TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AS CABBELL SECRETARIES LIMITED**
 STREET ADDRESS **2 S BISCAYNE BLVD., #2400**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Juan Jose Castellanos, Pres.** 4.12.2000 305-5981665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #