

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000048613 (2)**

1. Corporation Name

**HILANDERIAS ORINOCO, INC.**



Principal Place of Business

Mailing Address

~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXX~~  
~~XXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXX~~  
~~XXXXXXXXXX~~

2. Principal Place of Business

2a. Mailing Address

21 **848 Brickell Avenue**

26 **848 Brickell Avenue**

Suite, Apt #, etc

Suite, Apt #, etc

22 **820**

27 **820**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

**RICHARDS, TIMOTHY D  
2665 SOUTH BAYSHORE DRIVE #900  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature type: 2 for principal place of business agent and title if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MORENO, EUCLIDES R</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE #900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MORENO, HECTOR</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE #900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORENO, EUCLIDES R JR</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE #900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORENO, LUIS G</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE #900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORENO, MARIA D</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE #900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hector R. Moreno* **Mr. Hector R. Moreno**

July 30, 1996 305-3771600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Month/Year

CR2E034 (3/96)