

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059008 (0)**

1. Corporation Name  
**ORONI, INC.**

Principal Place of Business      Mailing Address  
**2151 NE 124TH ST  
NORTH MIAMI FL 33181**      **2151 NE 124TH ST  
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/10/1994**

4. FEI Number      Applied For  
**65-0521327**      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      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**IGLESIAS, ORLANDO  
2151 NE 124TH ST  
NORTH MIAMI FL 33181**

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 607.0509, Florida Statutes

SIGNATURE      Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, ORLANDO	1 2 NAME	
STREET ADDRESS	2151 NE 124TH ST	1 3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33181	1 4 CITY - ST - ZIP	
TITLE	DS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, NANCY	2 2 NAME	
STREET ADDRESS	2151 NE 124TH ST	2 3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33181	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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)(h), 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: *Orlando Iglesias*      3/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Optional) Title #