

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

08/10/1994

04/20/1995

4. FEI Number

65-0521327

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

10. Name and Address of New Registered Agent

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

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 607.1503, 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 (typed or printed name of registered agent and the individual)

(Name of Registered Agent if a corporation or other legal entity)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DP IGLESIAS, ORLANDO**
STREET ADDRESS **2151 NE 124TH ST**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE DELETE

NAME **DS IGLESIAS, NANCY**
STREET ADDRESS **2151 NE 124TH ST**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE Change Addition

21 NAME
22 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE Change Addition

31 NAME
32 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE Change Addition

41 NAME
42 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE Change Addition

51 NAME
52 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE Change Addition

61 NAME
62 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 19.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DP 3-2-94 892-6228
Date Original Phone #

CR2E034 (12/95)