

DOCUMENT # V47860

1. Entity Name

ORIZ, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90085 022 \*\*\*150.00

Principal Place of Business

Mailing Address

14545 SW 75TH ST
MIAMI FL 33183

14545 SW 75TH ST
MIAMI FL 33183-2904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0348150

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, PEDRO
14545 SW 75TH ST
MIAMI FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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 DP
NAME ORTEGA, PEDRO
STREET ADDRESS 14545 SW 75TH ST
CITY-ST-ZIP MIAMI FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DS
NAME ORTEGA, ANA MARIA
STREET ADDRESS 14545 SW 75 ST
CITY-ST-ZIP MIAMI FL



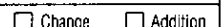
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DT
NAME ORTEGA, ANA E.
STREET ADDRESS 14545 SW-N ST
CITY-ST-ZIP MIAMI FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DC
NAME ORTEGA, ERIKA S
STREET ADDRESS 14545 SW 75TH ST
CITY-ST-ZIP MIAMI FL 33183



TITLE
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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Pedro Ortega

Date: 1/4/00

Daytime Phone #: (305) 387-4600

Vertical text on the right margin.