

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ORLATION PERFORMANCE CORPORATION

DOCUMENT #

P9300007707

Mailing Address
**444 Brickell Ave.
Suite 51-246
Miami, FL 33131**

Principal Place of Business
**444 Brickell Ave.
Suite 51-246
Miami, FL 33131**

**400001493614
-05/18/95--01030--001
****233.75 ****233.75**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		01/26/1993		4/18/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0413206		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		SB 75		☐	
Zip		Country		7. Nonprofit Exempt from \$138.75 Supplemental Fee		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BAUR THOMAS
100 N. Biscayne Blvd.
21st Floor
New World Tower, FL 33132**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	D AS
1.2 NAME		1.2 NAME	MAXFIELD, P.
1.3 STREET ADDRESS		1.3 STREET ADDRESS	444 Brickell Ave. - #51-246
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE		2.1 TITLE	P T
2.2 NAME		2.2 NAME	HENLEY, Jean
2.3 STREET ADDRESS		2.3 STREET ADDRESS	444 Brickell Ave. - #51-246
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE		3.1 TITLE	S
3.2 NAME		3.2 NAME	SNEJDA, L.
3.3 STREET ADDRESS		3.3 STREET ADDRESS	444 Brickell Ave. - #51-246
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33131
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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; empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

J. Henley

J. Henley

4/28/95

NARW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone