## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 584709 (0)
ORION INVESTMENT AND MANAGEMENT LTD. CORP.

## FILED Mar 13 1997 8:00am Secretary of State



Principal Pie	al Place of Business Mailing Address				·					
ONE DATRAI PIOD DADEL MIANI FL 33	AND BOULEVARD	P.O. BOX 560607 MIAMI FL 33256-0607								
						3. Date Incorporated or Qualified 09/12/1978	3a. Date of 10/01/1		ort	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	1 10,000	Applie	ed For	
Suite, Ap	t # etc	26	<del></del>			59-1845874		Not A	pplicable	
22 City & Sta	27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23		City & State				Election Campaign Financing     Trust Fund Contribution				
Z/p	Country	Zip	Cour	itry	:	8. This corporation has liability for in				
24	9. Name and Address of Curren	29	30			Florida Statutes	Yes 🗌 No		,	
		t Registered Agent				10. Name and Address of New Reg	Istered Agent			
	OWN, B. MACKAY		'	B1 Na	ame					
	00 NORTH KENDALL DRIVE		Ī	<b>32</b> St	reel Addres	s (P.O. Box Number is Not Acceptable	e)			
1 2	ITE 100		Ĺ.	Ĺ		•				
MV	AMI FL 33156		1'	33					-	
	•			34 Ci	•		FL 85	Zip Code		
11. Pursuani	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligations.	and 607, 1508, Florida Stat	utes, the abo	ove-na	ned corpora	ation submits this statement for the nu	IT L	nion ito ro	oistored	
agent. I	am familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505 I	s authorized Florida Statu	by the	corporation	's board of directors. I hereby accept	the appointme	ınt as regi	istered	
SIGNATURE	*		i lorida otato	ies.						
	Signature, typed or printed name of registered age	nt and title if applicable (No	OTE Registered	Agent sig	salure required v	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		CTORS IN	J 12	
TITLE	PD	DELETE	1.1 TITL	F			☐ Ch		Addition	
NAME:	SANZ, JOSEPH		1,2 NAM	Œ						
STREET ADDRESS	9100 S. DADELAND BLVD. #17	700	1.3 STR	ET ADDR	ESS					
1011Y-57-21P	MIAMI FL 33156		1.4 CITY	- \$7 - ZIP						
TITLE .	SVP	☐ DELETÉ	2.1 TITLI				☐ Ch	ange 🔲	Addition	
NAME	BUHRMASTER, NORMAN J		2.2 NAM	E						
STREET ADDRESS	9100 SA. DADELAND BLVD. #	1700	2.3 STRE	et addri	:SS				ļ	
OTY-SY-ZIP	MAMI FL			- ST- ZIP						
NAME	ST CAN TO AN	☐ DELETE	3.1 TITLE				Cha	inge 🔲	Addition	
STREET ADDRESS	SANZ, JOAN 9100 S. DADELAND BLVX. #17	00	3.2 NAM		İ					
CITY-ST-ZIP	MIAMI FL	w	3.3 STRE	et addre	SS					
ALL SI-SI-SI	8VP	DELETE	3.4. CITY		<u> </u>					
NAME 3:	HATTLER, RICHARD M	☐ DECEIE	4.1 TITLE		ĺ		∟, Cha	inge 🔲	Addition	
RETREET ADDRESS	9100 S DADELAND BLVD, #17	w	4. 2 NAM							
OTTY-ST-ZIP	MIAMI FL	N	4.3 STRE		SS					
TITLE	A\$	☐ DELETE	4.4 CiTy -						اا	
. NATE	BROWN, B. M		5.1 TITLE 5.2 NAME				L_J Cha	nge 🔲	Addition	
STREET ADORESS	9100 S DADELAND BLVD., #17	M	4.5		an				ĺ	
(TY-ST-2#	MIAMI FL	w.	5.3 STREE		SS [					
int	ME OWN 1 E	DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP	<del></del>		— —			
- 55		- Dettit	6.1 TITLE 6.2 NAME				L Cha	nge 📙	Addition	
STREET ADDRESS					ee l					
(TY-\$14 <b>Z</b> IP	A.		6.3 STREE		20					
	ov certify that the information aventing	with this files at	6.4 CITY-	SI - ZIP						

Go bereby 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 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 an another 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.

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