

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 598648 (4)**

1. Corporation Name  
**ORION BUYING CORP.**

Principal Place of Business <b>9100 S. DADELAND BLVD., #1700</b> <b>MIAMI FL 33156</b>	Mailing Address <b>% ORION INVESTMENT &amp; MANAGEMENT</b> <b>P.O. BOX 560607</b> <b>MIAMI FL 33756</b>
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DO NOT WRITE IN THIS SPACE

2. <b>ORION INVESTMENT AND MANAGEMENT LTD. CORP.</b>		2a. Mailing Address	3. Date Incorporated or Qualified <b>12/18/1978</b>
21. <b>2000 S.W. 182 STREET, STE. #108</b>	26. Suite, Apt #, etc.	4. FEI Number <b>59-1845874</b>	Applied For Not Applicable
22. <b>MIAMI, FLORIDA 33157</b>	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. <b>P.O. BOX 560607</b>	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. <b>MIAMI, FLORIDA 33358</b>	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. <b>3057 278-8400</b>	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BROWN, B MACKAY</b> <b>7100 NORTH KENDALL DR.</b> <b>SUITE 100</b> <b>MIAMI FL JFL 33158</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TPD</b>	1.2 NAME	
STREET ADDRESS	<b>SANZ, JOSEPH A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>200 S BISCAYNE BLVD #5400</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPS</b>	2.2 NAME	
STREET ADDRESS	<b>BUHRMASTER, NORMAN J</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>200 S BISCAYNE BLV #5400</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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]* **1/8/98 305-278-8400**

CR2E034 (10/97)