

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

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **584709** (0)  
1. Corporation Name  
**ORION INVESTMENT AND MANAGEMENT LTD. CORP.**

Principal Place of Business  
**ONE DATRAN CENTER  
9100 DADELAND BOULEVARD  
MIAMI FL 33156**

Mailing Address  
**P.O. BOX 560607  
MIAMI FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/12/1978</b>	
4. FEI Number <b>59-1845874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business	2a. Mailing Address
21 <b>ORION INVESTMENT AND MANAGEMENT LTD. CORP. 1000 S.W. 153 STREET, STE. #106 MIAMI, FLORIDA 33157</b>	26 Suite, Apt. #, etc.
22 <b>P.O. BOX 560607 MIAMI, FLORIDA 33256 (305) 878-8400</b>	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, B. MACKAY  
7100 NORTH KENDALL DRIVE  
SUITE 100  
MIAMI FL 33156**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANZ, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>9100 S. DADELAND BLVD. #1700</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33156</b>	1.4 CITY - ST - ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUHRMASTER, NORMAN J</b>	2.2 NAME	
STREET ADDRESS	<b>9100 SA. DADELAND BLVD. #1700</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANZ, JOAN</b>	3.2 NAME	
STREET ADDRESS	<b>9100 S. DADELAND BLVD. #1700</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATTLER, RICHARD M</b>	4.2 NAME	
STREET ADDRESS	<b>9100 S DADELAND BLVD, #1700</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, B. M</b>	5.2 NAME	
STREET ADDRESS	<b>9100 S DADELAND BLVD., #1700</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE		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

CP2E034 (10/97)