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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90061 021 \*\*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # 595112

1. Corporation Name  
ORLANDO WOODS ESTATES, INC.

Principal Place of Business

2000 S. DIXIE HWY.  
SUITE 109  
MIAMI FL 33101

Mailing Address

P.O. BOX 011773  
MIAMI FL 33101  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1978

4. FEI Number

59-2339442

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUYSMAN, MICHEL  
2000 SOUTH DIXIE HWY  
SUITE 109  
MIAMI FL 33133

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, 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 V  
NAME GARCIA AVILA, MANUEL  
STREET ADDRESS 2000 S DIXIE HWY #109  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME HUYSMAN, MICHEL  
STREET ADDRESS 2000 S DIXIE HWY #109  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME DE ABREU, MANUEL DA CORTE  
STREET ADDRESS PISO 8 OFICINAAMANSOR  
CITY-ST-ZIP CARACAS, VENEZUELA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME DE ABREU, JOSE DA SILVA  
STREET ADDRESS PISO 8 OFICINAAMANSOR  
CITY-ST-ZIP CARACAS, VENEZUELA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P  
NAME TORRES, EDUARDO  
STREET ADDRESS TORRE LAS DELICIAS 9D  
CITY-ST-ZIP CARACAS, VENEZUELA

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MARTINEZ, MANUEL HERMINIO  
STREET ADDRESS TORRE LAS DELICIAS 0D  
CITY-ST-ZIP CARACAS VENEZUELA

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)