

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 584709

**FILED**  
**Mar 23, 2020**  
**Secretary of State**  
**3987937346CC**

**Entity Name:** ORION INVESTMENT AND MANAGEMENT LTD. CORP.

**Current Principal Place of Business:**

200 SO. BISCAYNE BLVD  
7TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

200 SO. BISCAYNE BLVD  
7TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 59-1845874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, B. MACKAY  
200 SO. BISCAYNE BLVD  
7TH FLOOR  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SANZ, JOSEPH  
Address 200 SO. BISCAYNE BLVD  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title SVP  
Name BUHRMASTER, NORMAN J  
Address 200 SO. BISCAYNE BLVD  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title AS  
Name BROWN, B. M  
Address 200 SO. BISCAYNE BLVD  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V  
Name SANZ, KEVIN J  
Address 200 SO. BISCAYNE BLVD  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title V  
Name SANZ, CHRISTOPHER D  
Address 200 S. BISCAYNE BLVD.  
7TH FLOOR  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH A SANZ

PD

03/23/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date