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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Norcross  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **674235** (7)  
1. Corporation Name  
**ORMAT INTERNATIONAL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**777 N.W. 72 AVE. #1AA28 MIAMI FL 33126** **777 N.W. 72 AVE. #1AA28 MIAMI FL 33126**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 **P.O. Box 430107**  
22 City & State 27 **South Miami, Florida**  
23 Zip 24 Country 29 **33243** 30 **USA**

3. Date Incorporated or Qualified **06/19/1980** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **59-2015913** Applied For  
5. Certificate of Status (Downs)  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under Fla. Statutes, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ZUNIGA, MARIA TERESA  
777 N W 72 AVE  
1AA28  
MIAMI FL 33126**

10. Name and Address of New Registered Agent  
81 Name **ZUNIGA, MARIA TERESA**  
82 Street Address (P.O. Box Number is Not Acceptable) **143 Rosales Ct**  
83   
84 City **JERAL GARDENS** FL 85 Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0602 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.

SIGNATURE **MARIA TERESA ZUNIGA** *Maria Teresa Zuniga* **3/18/95**  
I, the undersigned, being a resident qualified person, do hereby certify that I am a duly authorized officer or director of the corporation and that my name and address are as shown on this report.

12. OFFICERS AND DIRECTORS

TITLE	<b>STV</b>
NAME	<b>ZUNIGA, MARIA</b>
STREET ADDRESS	<b>777 NW 72ND AVE #1-BB31</b>
CITY, ST, ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>ZUNIGA, ORLANDO</b>
STREET ADDRESS	<b>777 NW 72ND AVE #1-BB31</b>
CITY, ST, ZIP	<b>MIAMI, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>777 NW 72 AVE # 1AA28</b>
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>777 NW 72 AVE # 1AA28</b>
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably furnished and flows not guilty for the exemption stated in Section 607.0105, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my name and address have the same legal effect as if such name and address were printed on the report or the record or neither incorporated or the record or neither incorporated to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with no address.

SIGNATURE: *Maria Teresa Zuniga* **Maria Teresa Zuniga** **3/18/95** **308 665 4187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR