

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 674235 (7)

1. Corporation Name
ORMAT INTERNATIONAL, INC.



Principal Place of Business: **777 N.W. 72 AVE. #1AA28 MIAMI FL 33126**
Mailing Address: **P O BOX 430107 SOUTH MIAMI FL 33243 US**

3. Date Incorporated or Qualified: **06/19/1980**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2015913**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **C/O FRANCIS X. SEXTON, ESQ**
Suite, Apt. #, etc. **# 1015**
22 **999 PONCE DE LEON BLVD.**
City & State
23 **CORAL GABLES, FLORIDA**
Zip: **33134** Country: **USA**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip: Country

9. Name and Address of Current Registered Agent
**ZUNIGA, MARIA T
143 ROSALES CT
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent
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: _____ (Name) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STV	1. 1 TITLE
NAME	ZUNIGA, MARIA	1. 2 NAME
STREET ADDRESS	777 NW 72ND AVE #1AA28	1. 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1. 4 CITY-ST-ZIP
TITLE	P	2. 1 TITLE
NAME	ZUNIGA, ORLANDO	2. 2 NAME
STREET ADDRESS	777 NW 72AVE # 1AA28	2. 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP
TITLE		3. 1 TITLE
NAME		3. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY-ST-ZIP		3. 4 CITY-ST-ZIP
TITLE		4. 1 TITLE
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY-ST-ZIP		4. 4 CITY-ST-ZIP
TITLE		5. 1 TITLE
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY-ST-ZIP		5. 4 CITY-ST-ZIP
TITLE		6. 1 TITLE
NAME		6. 2 NAME
STREET ADDRESS		6. 3 STREET ADDRESS
CITY-ST-ZIP		6. 4 CITY-ST-ZIP

STV DELETE Change Addition
ZUNIGA, MARIA
777 NW 72ND AVE #1AA28
MIAMI FL

P DELETE Change Addition
ZUNIGA, ORLANDO
777 NW 72AVE # 1AA28
MIAMI FL

DELETE Change Addition

DELETE Change Addition

DELETE Change Addition

DELETE Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Maria Teresa Zuniga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA TERESA ZUNIGA

4/27/96 305-665-9181
DATE DATE PHONE

CR2E034 (12/95)