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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	FILEI	)
Jan 30	1998	8:00am
Secre	etary (	of State

1998 DOCUMENT # 674235 ORMAT INTERNATIONAL, INC. Principal Place of Business Mailing Address C/O FRANCIS X. SEXTON ESQ. P O BOX 430107 999 PONCE DE LEON BLVD #1015 SOUTH MIAMI FL 33243 CORAL BABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1980 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2015913 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZUNIGA, MARIA T 143 ROSALES CT Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33143 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1.1 TITLE Change ZUNIGA, MARIA C/O FRA NAME 1.2 NAME **72E034** SUITE 1015 PONCE DE LEON BLVD. STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition ZUNIGA, ORLANDO C/O FR NAME 2.2 NAME SUITE 1015 999 PONCE DE LEON BLVD STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change 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 planged, or on an attachment with an address.

SIGNATURE:

305-669-0061