FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F10766** **(6)**

1. Corporation Name
ORANGE/OSCEOLA UTILITIES, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY 1110 CORAL GABLES FL 33134 US	550 BILTMORE WAY 1110 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/12/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2042167** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

WEISENFELD, JOSEPH
~~501 BRICKELL KEY DRIVE~~
~~SUITE 300~~
~~MIAMI FL~~ 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 799 Brickell Plaza
83 Suite 900
84 City Miami FL 85 Zip Code 33131

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

TITLE	PD
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VSD
NAME	HORWITZ, ROBERTO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VTD
NAME	SERVIANSKY, DAVID
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	STERN, EDUARDO
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V
NAME	BAKER, FRANK
STREET ADDRESS	550 BILTMORE WAY 1110
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernard Eckstein President
Date
Daytime Phone #: 305-461-2440

0140063 CP