FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 SEP 11 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17973 (1)

1. Corporation Name
ORNA, INC.

Principal Place of Business
19495 BISCAYNE BLVD., SUITE #403
AVENTURA FL 33180

Mailing Address
19495 BISCAYNE BLVD., SUITE #403
AVENTURA FL 33180

3. Date Incorporated or Qualified: 02/12/1981
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2064656 ☐ 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 1001 N. Federal hwy
22 Suite, Apt. #, etc. #205
23 City & State hallandale FL
24 Zip 33009
25 Country

2a. Mailing Address
26 1001 N. Federal Hwy
27 Suite, Apt. #, etc. #205
28 City & State hallandale FL
29 Zip 33009
30 Country

9. Name and Address of Current Registered Agent
MARKS, EVAN
12555 BISCAYNE BLVD.
SUITE 993
N. MIAMI FL 33181

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	NAGAR, JACOB	
STREET ADDRESS	19495 BISCAYNE BLVD #403	
CITY-ST-ZIP	AVENTURA FL	
TITLE	ST	☐ DELETE
NAME	NAGAR, JACOB	
STREET ADDRESS	19495 BISCAYNE BLVD #403	
CITY-ST-ZIP	AVENTURA FL	
TITLE	V	☐ DELETE
NAME	MEADVIN, HARVEY	
STREET ADDRESS	19495 BISCAYNE BLVD #403	
CITY-ST-ZIP	AVENTURA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1001 N. Federal hwy #205	
1.4 CITY-ST-ZIP	hallandale, FL 33009	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1001 N. Federal hwy #205	
2.4 CITY-ST-ZIP	hallandale, FL 33009	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	100 N. Federal hwy #205	
3.4 CITY-ST-ZIP	hallandale, FL 33009	
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		

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9/23/96

CR2E034 (12/95)

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: ______ 9-9-96 9544567455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone