

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90100 045 \*\*\*150.00

DOCUMENT # F35030

1. Corporation Name ORION MORTGAGE & FINANCE CORP.



Principal Place of Business: ORION INVESTMENT & MANAGEMENT LTD CORP, 9000 SW 152 ST SUITE 106, MIAMI FL 33256, US  
Mailing Address: % ORION INVESTMENT & MANAGEMENT, P.O. BOX 560607, MIAMI FL 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/08/1981	59-1845874	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24. Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANZ, JOSEPH A. 200 S. BISCAYNE BLVD., SUITE #4910 MIAMI FL FL 33131	81 Name: SANZ, Joseph A
	82 Street Address (P.O. Box Number is Not Acceptable): 9000 SW 152 St #106
	83
	84 City: MIA, 85 Zip Code: FL 33256

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANZ, JOSEPH A.		1.2 NAME: SANZ, Joseph A	
STREET ADDRESS: 200 S BISCAYNE BLV #4910		1.3 STREET ADDRESS: 9000 SW 152 St #106	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: MIA FL 33156	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUHRMASTER, NORMAN J.		2.2 NAME: Buhrmaster, Norman J.	
STREET ADDRESS: 200 S BISCAYNE BLV #4910		2.3 STREET ADDRESS: 9000 SW 152 St #106	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: MIA FL 33156	
TITLE: VPS	<input type="checkbox"/> DELETE	3.1 TITLE: VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HATTLER, RICHARD MCA		3.2 NAME: Hattler, Richard McA	
STREET ADDRESS: 200 S. BISCAYNE BLD 4910		3.3 STREET ADDRESS: 9000 SW 152 St #106	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: MIA FL 33156	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A Sanz Date: 3/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

027751

CR2E034 (11/98)