

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

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

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

027751

PROFIT CORPORATION ANNUAL REPORT 1999



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

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

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

3. Date Incorporated or Qualified  
**05/08/1981**

4. FEI Number  
**59-1845874**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SANZ, JOSEPH A.**  
**200 S. BISCAYNE BLVD., SUITE #4910**  
**MIAMI FL FL 33131**

10. Name and Address of New Registered Agent  
 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		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SANZ, JOSEPH A.</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLV #4910</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BUHRMASTER, NORMAN J.</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLV #4910</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>HATTLER, RICHARD MCA</b>	
STREET ADDRESS	<b>200 S. BISCAYNE BLD 4910</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SANZ, Joseph A</b>	
1.3 STREET ADDRESS	<b>9000 SW 152 St #106</b>	
1.4 CITY-ST-ZIP	<b>MIA FL 33156</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Buhrmaster, Norman J.</b>	
2.3 STREET ADDRESS	<b>9000 SW 152 St #106</b>	
2.4 CITY-ST-ZIP	<b>MIA FL 33156</b>	
3.1 TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hattler, Richard McA</b>	
3.3 STREET ADDRESS	<b>9000 SW 152 St #106</b>	
3.4 CITY-ST-ZIP	<b>MIA FL 33156</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Sanz, Joseph A Date: 3/19/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)