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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9300000119 (8) DOCUMENT #

| ORIEN | T LINES, | INC. | | | | | | |
|--|--|--------------------------------|-------------------------------|--|------------------------|------------------|---|--------|
| | | | | | | | . A BANKA KARILAN KAKATA KAKATA BANKA BANKA BANKA BANKA BANKA BANKA BANKA KARI KARI KAKATA KAKATA BANKA KARI K | 11 |
| P-1 | | | | | | | | ll . |
| | | | | iling Address | | | | |
| 1510 SE 17TH ST. 1510 SE 17TH ST. SUITE 400 SUITE 400 | | | | | | | | |
| FT. LAUDERDALE FL 33316 | | | FT. LAUDERDALE FL 33316 | | | | DO NOT WRITE IN THIS SPACE | |
| US | | | U\$ | U\$ | | | 3. Date Incorporated or Qualified | |
| | | | · | | | | 12/24/1992 | |
| 2. Principal Place of Business | | | F1 ~ ~ | 2a. Mailing Address | | | 4. FEI Number Applied F | or |
| Suite, Apl. #, etc. | | | 26 Souto And | Suite, Apt. #, etc. | | | 65-0381051 Not Applie | |
| 22 | | | F1 | 27 | | | 5. Certificate of Status Desired See Regulred | el |
| City & State | | | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | 28 | | | Trust Fund Contribution Added to Fees | ' |
| Zip | ip Country | | Zip | · • ·· · · · · · · · · · · · · · · · · | | - | Trust Fund Contribution Added to Fees B. This corporation ower or has paid the current year Intangible Personal Property Toy due lune 20 | |
| 24 | | 25 | 29 | 30 | | | Personal Property Tax due June 30. 🗹 Yes 🔲 No | |
| 9. Name and Address of Curren | | | ent Registered Agen | 1 | | | 10. Name and Address of New Registered Agent | |
| | NCH, JAMI | | | | 81 | Name | | |
| | 10 SE 17TI | | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| Fi | . LAUDERL | ALE FL 33316 | | | B3 | | | |
| | | | | | 63 | | | |
| • | | | | | 84 | City | FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statute | | | | | the above | -named co | Organization submits this statement for the purpose of changing its regist | ored |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation sub-office or registored agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | ration's board of directors. I hereby accept the appointment as register | ed |
| SIGNATURE | | ici, tina dazija vik vini | ganora or, contor oc | n .0000, i lono | ia otatotes | | | |
| SIGNATORE | Signature, types | locjamled name of rigistered a | igent and title if applicable | (NOTE R | egistered Age | nt signature rec | equired when re-installing) DATE | |
| 12. | | OFFICERS A | NO DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | D CEDALD T | LJ | DELETE | 1.1 TITLE | | Change Ad | dition |
| NAME HERROD, GERALD T STREET ADDRESS 1510 SE 17TH ST. | | | | - 1; | | | | |
| STREET ADDRESS | | DERDALE FL | | | 1.3 STREET | | | |
| CITY-ST-ZIP TITLE | VO VO | OLNOALE IL | | DELFTE | 1.4 CITY - S | T - ZIP | | 337 |
| NAME | | NDO, VICTOR | ليا | LACT IC | 2 1 TITLE 2 2 NAME | | Change Ad | JINON |
| STREET ADDRESS EDIFICIO BANCO ALIADO, CALL | | | CALLE RICARDO A | LE DICADDO ADIAC | | ADDRESS | | - 1 |
| CITY-ST-ZIP | | DE PANAMA, PANA | | | | | | 1 |
| TITLE | ASAV | | | DELETE | 2 4 CHY-S 3 1 TITLE | 11-21 | ☐ Change ☐ Ad | dition |
| NAME | | GLENN G | | | 3.2 NAME | | tion - 1.0.184 Land 110 | |
| STREET ADDRESS 520 BRICKELL KEY DR., #1606 | | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP MIAMI FL | | | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | | | DELETE | 4.1 TITLE | | ☐ Change ☐ Ad | dition |
| NAME | | | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | ************************************** | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | | | DELETE | 5.1 TITLE | | Change Ad | dition |
| NAME - | | | | | 5.2 NAME | | | 1 |
| STREET ADORESS | | | | | 5.3 STREET | | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CITY-S1 | r-ZIP | | |
| TITLE | | | | DELETE | 6.1 TITLE | | Change Ad | lition |
| NAME | | | | 1 | 6.2 NAME | | | |
| STREET ADDRESS | | | | | 6.3 STREET | | | |
| City-SI-ZiP | certify that th | e information supplied | with this films dose or | ot qualify for t | 6.4 CITY-ST | | in Section 110 07/2Vi) Florida Statutes I further cortifut that the informa- | |

Interest certify that the information supplied with this hing cross not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 eath; 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:

FILED

Mar 09 1998 8:00am

Secretary of State