FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jerome B. Mulligan
Secretary of State

APPROVED AND FILED

MAY 12 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003278 (9)**

1. Corporate Name
ORLANDI VALUTA, INC.

Principal Place of Business
560 SOUTH SPRING STREET
LOS ANGELES CA 90013

Mailing Address
560 SOUTH SPRING STREET
LOS ANGELES CA 90013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 95-4100570 — Applied For / Not Applicable

State Apt. # — 22
27

5. Certificate of Status Desired — $8.75 Additional Fee Required

City, State — 23
28

6. Election Campaign Financial Trust Fund Contribution — $5.00 May Be Added to Fees

24 25 29 30

8. Does corporation have habit, for charitable tax under S. 196.192, Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

GUARINI, VINCENZO
129 EGRET CIRCLE
WEST PALM BEACH FL 33413

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 section 607.0505, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent of the corporation are identical. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	ORLANDI, PAOLO
STREET ADDRESS	560 S. SPRING ST.
CITY, STATE, ZIP	LOS ANGELES CA 90013
TITLE	VCS
NAME	GENERA, CYNTHIA
STREET ADDRESS	560 S. SPRING ST.
CITY, STATE, ZIP	LOS ANGELES CA 90013

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS — Change / Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or on any attached addendum.

SIGNATURE: PAOLO ORLANDI 5/12/95 (213) 623-7376
SIGNATURE AND TYPED OR PRINTED NAME OF NATURAL OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0401528 FP