SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G38960

(2)

FILED
Jul 26 1996 8:00 am
Secretary of State

| ORCALLA CORPORATION | | |
|-----------------------------|-----------------|--|
| | | |
| Principal Place of Business | Mailing Address | n immerer kande errår efterå sanså deter deter deter deter deter deter deter deter det |

| B180 N.W. 36 MIAMI FL 33 | | 8180 N.W. 36TH STREE Miami Fl 33166 | ET | | | |
|-----------------------------|--|--|----------------|---|--|------------------------------------|
| | | | | | 3. Date Incorporated or Qualified 05/13/1983 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | , | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-2373084 | Not Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #. etc. | | | | S8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | LJ Fee Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | 5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zıp | Counti | У | 8. This corporation has liability for it | |
| 24 | 25 | 29 | 30 | | | Yes No |
| | Name and Address of Currer | t Registered Agent | | | 10. Name and Address of New Reg | jistered Agent |
| IN. | TRIAGO, CHARLES A. | | 8 | Name | | |
| | 60 BRICKELL AVE., #304 | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | AMI FL 33131 | | " | | | |
| MI | MMI FL 33131 | | 8 | 3 | | |
| | | | 8 | 1 000 | | 85 Zip Code |
| | | | 8- | 1 City | | FL 85 Zip Code |
| agent La | rn familiar with, and accept the obligi | ations of, Section 607 0505, F | lorida Statute | 5. | ion's board of directors. Thereby accept | DATE |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1 1 TITLE | | | Change Addition |
| NAME | CASTRO C. ORLANDO | | 1.2 NAM | | | |
| STREET ADDRESS | 8180 NW 36TH ST, 4TH FL | | 13STRE | FI ADORESS | | |
| CITY-ST-ZIP | MIAMI FL | | 14011 | ST ZIP | | |
| TITLE | VO | DELETE | 21 TITLE | | | Charige Addition |
| NAME | CASTRO, RAFAEL | | 2.2 NAM | : | | |
| STREET ADDRESS | 8180 NW 36TH ST, 4TH FL | | 23 STRE | ET ADDRESS | | |
| CITY-\$1-ZIP | MIAMI FL | | 2 4 CiTY | | | |
| TITLE | SD | X DELETE | 3 1 1111.6 | | | Change Addition |
| NAME | INTRIAGO, CHARLES | | 3 2 NAM | | | |
| STREET ADDRESS | 175 NW 1 AVE 26TH FL. | | 3 3 STRE | ET ADDRESS | | |
| CITY - ST - ZIP | MIAMI FL | | 3.4 CITY | - ST - ZIP | | |
| TITLE | VD | DELETE | 4 1 1111 | | | Change Addition |
| NAME | CASTRO LL., ORLANDO | | 4 2 NAM | ·E | | |
| STREET ADDRESS | 8180 NW 36TH ST, 4TH FL | | 4.3 STRE | ET ADORESS | | |
| City St ZiP | MIAMI FL | | 4.4 CITY | | | |
| TITLE | S | DELETE | 5 1 TiTLE | | | Change Addition |
| NAME | _ | | 5 2 NAM | € | | |
| STREET ADDRESS | SCOTT R. WILLINGS | | 5.3 STHE | ET ADDRESS | | |
| CITY-ST-ZIP | 8180 N.W. 36th S7 MIAMI, FL 33141 | . POTTE IOO | 5.4 CITY | - 1 | | |
| TITLE | intentity PD 33141 | DELFTE | £ 1 TiTLI | | | Change Adultion |
| NAME | | | 6.2 NAM | ł | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| | 1 | | | -SI-ZIP | | |
| CITY-ST-ZIP | by certify that the information supplies | or with this filmo is voluntarily | | | alify for the exemption stated in Section 1 | 19.07(3)(k). Florida Statutes T |

4. 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 1 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 it made under oarh, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaoter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT WILLIAM FR. SEC DE TANY

1/23/46 305-591-10