

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G38960** (2)  
1. Corporation Name  
**ORCALLA CORPORATION**



Principal Place of Business: **8180 N.W. 36TH STREET MIAMI FL 33168**  
Mailing Address: **8180 N.W. 36TH STREET MIAMI FL 33168-6645**

3. Date Incorporated or Qualified: **05/13/1983**  
3a. Date of Last Report: **07/26/1996**  
4. FEI Number: **59-2373084**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**INTRIAGO, CHARLES A.  
1460 BRICKELL AVE., #304  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **SCOTT WILLINGER**  
82 Street Address (P.O. Box Number is Not Acceptable): **8180 NW 36 ST #100**  
83 City: **MIAMI** FL 85 Zip Code: **33166**

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: *Scott Willinger* DATE: **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTRO C. ORLANDO	
STREET ADDRESS	8180 NW 38TH ST, 4TH FL	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTRO, RAFAEL	
STREET ADDRESS	8180 NW 38TH ST, 4TH FL	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLINGER, SCOTT R.	
STREET ADDRESS	8180 N.W. 36TH ST., SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTRO LL., ORLANDO	
STREET ADDRESS	8180 NW 38TH ST, 4TH FL	
CITY- ST- ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 do 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.

SIGNATURE: *Scott Willinger* DATE: **4/28/97** DAYTIME PHONE #: **305 594-7555**

CR2E034 (9/96)