

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H27625** (3)

1. Corporation Name

ORLANDO-JUPITER IMPORTS AND EXPORTS, INC.



Principal Place of Business

**% CELINA MARIA MEES REBAZA
1015 MUNSTER AVE
ORLANDO FL 32803**

Mailing Address

**% CELINA MARIA MEES REBAZA
1015 MUNSTER AVE
ORLANDO FL 32803**

2. Principal Place of Business

21 Sube, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Sube, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**REBAZA, CELINA MARIA MEES
1015 MUNSTER AVE
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/29/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2470487

Applied for
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of the person signing this report

Signature typed or printed name of the person signing this report

(SEE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
REBAZA, CELINA MARIA M.
1015 MUNSTER AVE
ORLANDO FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

45 TITLE

46 NAME

47 STREET ADDRESS

48 CITY-STATE-ZIP

49 TITLE

50 NAME

51 STREET ADDRESS

52 CITY-STATE-ZIP

14. 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. I further certify that the information indicated on this annual report or supplement if 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 prepare this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20

2000-01-01

CR2E034 (12/95)