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

PROFIT

SIGNATURE:

Jun 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J20005 ORION FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 1657 N TREASURE DRIVE 1112 SW 1ST ST MIAMI FL 33130-1011 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33141 3. Date Incorporated or Qualified 06/18/1986 2a. Mading Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 21 65-0077880 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name BERLEY, DAVID R., P.A. % BERLEY & LITTMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE. #202 83 **MIAM! FL 33131** 84 City Zip Code 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. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typic for profest name of respetion classes and offer flapply able (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 THILE NAME ROMERO, HERNANDO 1.2 NAME CR2E034 STREET ADDRESS 1657 N TREASURE DRIVE #3 13 STHELT ADDRESS MIAMI BEACH FL 33141 1.4 CITY-ST-7/P CITY-ST-ZIP Change Addition DELETE TOLE 2.1 TITLE ALCOVER, GEORGINA M. 2.2 NAME NAME 118 SOUTHWEST 11TH AVENUE, SUITE 3 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33141 2. 4 CHTY - ST - 7(P CITY-ST-ZIP DILLTE Addition 3.1 TITLE Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CiTY-ST-ZIP DELETE Change Addition 51 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental 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 optimal supplied with his 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 supplied with his 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 supplied with his 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 supplied with his 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 supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(iii), Florida Statutes. I further certif 6.4 City - St - ZiP

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