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FILED
May 08 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 # K09157

1. Corporation Name
Orotnas Corp.

Principal Place of Business	Mailing Address
160 SW 12th Avenue Suite 101B Deerfield Beach, FL 33442-3102 US	Werksman, Alan J (same as principal)

2. Principal Place of Business	2a. Mailing Address
21 407 Lincoln Road	26 407 Lincoln Road
Suite, Apt. #, etc. 22 10-F	Suite, Apt. #, etc. 27 10-F
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

3. Date Incorporated or Qualified: 12/28/1987
3a. Date of Last Report: 03/11/96
4. FEI Number: 65-9934830 ☐ 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

9. Name and Address of Current Registered Agent

Werksman, Alan J
101B
Deerfield Beach, FL 33442-3102 US

10. Name and Address of New Registered Agent

81 Name: Giulio R. Santoro
82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
83 Suite 10-F
84 City: Miami Beach FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0505 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: GIULIO SANTORO PRESIDENT 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD NAME STREET ADDRESS CITY-ST-ZIP	Santoro, Giulio 5941 Pinetree DR Miami Bch, FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VS NAME STREET ADDRESS CITY-ST-ZIP	Santoro, Diana 5941 Pine Tree DR Miami Bch, FL	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 added in connection with my address.

SIGNATURE: 4/21/97 305-532-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GIULIO SANTORO