


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 97000004552**
1. Corporation Name

ORANIA SOC, INCORPORATED
ety

Principal Place of Business

Mailing Address

Carlos A. Reategui
2714 Ponce De Leon Blvd.
Coral Gables. Florida 33134

3. Date incorporated or Qualified
August 11.1997.

4. FEI Number **by phone** ☒ Applied For
65-0773846 ☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Dr. Lorenzo M. Vargas, M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)
2430 Indian Mound Trail

83 **700002503927**

84 City **Coral Gables, FL** Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Dr. Lorenzo M. Vargas, M.D.

21 April 1998

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/C/D**
1.3 STREET ADDRESS **Dr. Lorenzo M. Vargas, M.D.**
1.4 CITY-ST-ZIP **N/A P.O.Box 14-0442 Coral Gables, FL 33114-0442**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V/D**
2.3 STREET ADDRESS **Juan Marchini Jr**
2.4 CITY-ST-ZIP **7352 N.W 34 St. Miami, FL 33122**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **M/D**
3.3 STREET ADDRESS **Oscar F. Mendoza**
3.4 CITY-ST-ZIP **15684 N.W. 12 Road Pembroke Pine, FL 33028**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S/T/D**
4.3 STREET ADDRESS **Carlos A. Reategui**
4.4 CITY-ST-ZIP **1664 S.W. 91 Terrace Miami, FL 33196**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Jorge Vera**
5.4 CITY-ST-ZIP **1500 Michigan Ave. # 6 Miami Beach, FL 33139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **David M. Camacho**
6.4 CITY-ST-ZIP **4127 Liberty Ave. Apt.D North Bergen, N.J. 07047**

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **Dr. Lorenzo M. Vargas, M.D.**

Date

21 April 1998

CR2E037 (10/97)