2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # N97000004552 1. Entity Name 03-17-2004 90039 011 ****75.00 ORANIA SOCIETY-INCORPORATED Principal Place of Business Mailing Address 1033 CORAL WAY CORAL GABLES FL 33134 1033 CORAL WAY 94030990 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 1033 Coral Way 1033 CORAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0773846 Coral Gables FL 33134 Not Applicable CORAL GABLES FL 33134 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . Name VARGAS, LORENZO M.DR. Street Address (P.O. Box Number is Not Acceptable) 1033 CORAL WAY CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change Addition VARGAS, LORENZO M NAME NAME 1033 Coral WAY STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition REATEGUI, CARLOS NAME NAME 16624 SW 91 TERR. STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP CITY-ST-ZIP D/S TITLE Delete ☐ Change ☐ Addition VERA, JESUS V NAME NAME 1033 Coral Way STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP City-St-7IP TITLE Delete TITLE Change Addition MARCHINI, JUAN JR NAME NAME 7352 NW 34 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP CITY - ST- ZIP n TITLE ☐ Delete ☐ Change TITLE Addition CAMACHO, BRAYN NAME 4127 LIBĖRTY AVENUE-"D" STREET ADDRESS STREET ADDRESS NORTH BERGEN NJ 07047 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CAMACHO, GREGORY NAME NAME 4127 LIBERTY AVENUE-"D" STREET ADDRESS STREET ADDRESS NORTH BERGEN NJ 07047 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MEURO H. VALGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(305)567-0725

Daytime Phone #