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Secretary of State

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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002599

Corporation Name

THE ORGANIZATION FOR RESIDENCY AND CITIZENSHIP I
 N AMERICA (ORCA), INC.

Principal Place of Business

2320 N.W. 115 DRIVE
 CORAL SPRINGS FL 33065

Mailing Address

P. O. BOX 450340
 SUNRISE FL 33345-0340



Principal Place of Business

2a. Mailing Address

28 P.O. Box 934458

3. Date Incorporated or Qualified

05/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0834738

Applied For

Not Applicable

City & State

City & State

28 MARGATE, BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

Zip Country

25

Zip

29 33093

Country

30

BROWARD

6. Election Campaign Financing
 Trust Fund Contribution☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHARAJ, JAGRAM S
 2320 NW 115 DR
 CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 Zip Code

I, 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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	P	DELETE
NAME	MAHARAJ, JAGRAM R	<input type="checkbox"/>
STREET ADDRESS	2320 NW 115 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS F; 33065	
LE	VP	DELETE
NAME	GUTIERREZ, AUGUSTO	<input checked="" type="checkbox"/>
STREET ADDRESS	2880 PINE TREE DRIVE, APT. 3	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
LE	S	DELETE
NAME	CADOGAN, ROY	<input type="checkbox"/>
STREET ADDRESS	6080 NW 42 WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
LE	D	DELETE
NAME	OVIEDO-REYES, ALFONSO	<input type="checkbox"/>
STREET ADDRESS	8370 WEST FLAGLER ST., SUITE 110	
CITY-ST-ZIP	MIAMI FL 33144	
LE	D	DELETE
NAME	LALTOO, ALLAN	<input type="checkbox"/>
STREET ADDRESS	228 GLENN PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
LE	D	DELETE
NAME	BABOOLAL, RICKY	<input checked="" type="checkbox"/>
STREET ADDRESS	2139 NW 45 AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33068	

1.1 TITLE	Change	Addition
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	Change	Addition
2.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	Change	Addition
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	Change	Addition
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	Change	Addition
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	Change	Addition
6.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: S. MAHARAJ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date 7-28-99

CR2E037 (5/99)