	1 UNIFORM BUS		ONI (UDK)		Palul
1. Entity Na					()
. (ORMASUA, INC	-		FILED	
Principal Pla	ace of Business	Mailing Address		OI OCT 11 PM 3: 00	
1976	E. ATH PIVENUE	·	TH STREET	SECRETARY OF STATE TALLAHASSEE FLORIDA	
HIALE	AH, FL 33010	HIALEAH,	FL 33010	TALLANAGO	35
2. Principal Place of Business		3. Mailing Address		800004641.648 -10/18/0101045- ****150.80 ***	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	ate	City & State	<u></u>	- 1 (O) - 17.19 コックと F-F	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Ad	dditional
	6. Name and Address of Current	L Registered Agent		7. Name and Address of New Registered Agent	ed
DOT	9 O=100	Name			
ORTA, PEDRO 190 E. IITH. STREET		Street Address		(P.O. Box Number is Not Acceptable)	
190					
HIA 6. The above	LEAH, FL BBOID	nd title if applicable. (NC	City Its registered office or regis OTE: Registered Agent algositure requirements AUTO ACCUSTO 1500 Agent 1		
6. The above SIGNATURE 9. This corp Tax filing	EAH, FL 33010 e named entity submits this statement for Signature, typed or printed name of registered egent a	nd title if applicable. (NC	its registered office or regis	stered agent, or both, in the State of Florida. JATE 10. Election Campaign Financing \$5.0	00 May Be ad to Fees
8. The above SIGNATURE 9. This corp Fax filing (See crite	e named entity submits this statement for Soneture, typed or printed name of registered egent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND 0	After MAY 1/2 Shake Chack Pay	on the registered office or registered Agent signature requirements of the registered Agent signature requirements of t	stered agent, or both, in the State of Florida. ### ### ### ### ### ### ### ### ### #	00 May Be ad to Fees
8. The above SIGNATURE 9. This corp Fax filing (See crite 11.	e named entity submits this statement for sometime, typed or printed name of registered egent a coration is eligible to satisfy its Intangible requirement and elects to do so. In printed on back) OFFICERS AND (After MAY 1/2 NIECTORS	on the registered office or registered Agent algosture requirements of the registered Agent algosture requirements of the register of the regi	stered agent, or both, in the State of Florida. ### when reinstating) 10. Election Campaign Financing Trust Fund Contribution.	00 May Be
8. The above SIGNATURE 9. This corp Fax filing (See crite 11. TITLE NAME STREET ADDRESS	e named entity submits this statement for sometime, typed or printed name of registered egent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERP. P.D. ORTA, P.D.RO 190 E. 11TH, STREE	FILE NOM After MAY 1// State Check Pay DIRECTORS	on the registered office or registered Agent signature requirements of the control of the contro	stered agent, or both, in the State of Florida. ### ### ### ### ### ### ### ### ### #	00 May Be ad to Fees
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIILE NAME STREET ADDRESS CITY- ST- ZIP	e named entity submits this statement for submits, the statement for submits, the statement for submits, the statement for submits, the statement and registered egent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPORTAL FLORE INTINUERH FLORE INTIN	FILE NOM After MAY 1// State Check Pay DIRECTORS	DTE: Registered office or registered Agent signature requirement of the property of the proper	stered agent, or both, in the State of Florida. ### ### ### ### ### ### ### ### ### #	00 May Be ad to Fees
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIITLE NAME STREET ADDRESS CITY- 5T- ZIP TITLE NAME	e named entity submits this statement for synature, typed or printed name of registered agent a cration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND (ORTA, PEDRO 190 E. 11TH, STREE HIBLEAH, FL 330. VRD MASSON RUBEN	FILE NOV After MAY 1/2 After Check Pays DIRECTORS Delete	DTE: Registered office or registered Agent signature requirement of the property of the proper	stered agent, or both, in the State of Florida. Application	00 May Be and to Fees RS IN 11
8. The above SIGNATURE 9. This corp Tex filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITL	Soneture, typed or printed name of registered egent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPRETATION OF AND INTERP	The first applicable. (NO Affect MAY 1/2 Make Check Pay) DIRECTORS Delete	DTE: Registered office or regis DTE: Registered Agent signature req. VIII FEE: IS \$150.00 TOO18 Fee: Will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition
6. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	EAH, FL 33010 e named entity submits this statement for submits, the statement for submits, this statement for submits, the statement for submits, the statement and elects to do so. OFFICERS AND OFFICERS AND ORTA, PEDRO 190 E. 11TH, STREE HIBLEAH, FL 330, VRD MASSON RUBEN 1976 E. 4TH AVEN HIBLEAH, FL 330,	FILE NOV After MAY 1/2 Mitte Check Pay Delete Delete	DTE: Registered office or regis DTE: Registered Agent signature req. VIII FEE IS \$150.00 TOO18 Fee will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	stered agent, or both, in the State of Florida. Application	00 May Be and to Fees RS IN 11
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIILE NAME STREET ADDRESS CITY- ST- ZIP	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	PIEE NOW After MAY 1/2 After M	DTE: Registered office or regis DTE: Registered Agent signature req. VIII FEE IS \$150.00 TOO18 Fee will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition
8. The above SIGNATURE 9. This corp Fax filing (See crite 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	EAH, FL 33010 e named entity submits this statement for submits, the statement for submits, this statement for submits, the statement for submits, the statement and elects to do so. OFFICERS AND OFFICERS AND ORTA, PEDRO 190 E. 11TH, STREE HIBLEAH, FL 330, VRD MASSON RUBEN 1976 E. 4TH AVEN HIBLEAH, FL 330,	PIEE NOW After MAY 1/2 After M	TE: Registered office or regis OTE: Registered Agent algreture req. VIII FEE IS \$150.00 10013 Fee will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition
8. The above SIGNATURE 9. This corp Fax filing (See crite 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME NAME NAME NAME	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	THE NOT After MAY 1/2 State Check Pay Directors Delete Delete	TE: Registered office or regis OTE: Registered Agent algreture req. VIII FEE IS \$150.00 OO1 Fee will be \$550.0 able to Department of:S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. ###################################	OO May Be ad to Fees RS IN 11 Addition Addition
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	PILE NOW After MAY 1/2 Mike Check Pay DIRECTORS Delete Delete	TE registered office or registered office or registered Agent signature requirements of the property of the pr	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition Addition
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	THE NOT After MAY 1/2 State Check Pay Directors Delete Delete	TE: Registered office or regis OTE: Registered Agent signature req. VIII FEE IS \$150.00 LOO 1 Fee will be \$550.0 able to Department of: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. ###################################	OO May Be ad to Fees RS IN 11 Addition Addition
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	PILE NOW After MAY 1/2 Mike Check Pay DIRECTORS Delete Delete	TE registered office or registered office or registered Agent signature requirements of the property of the pr	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition Addition
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	PILE NOW After MAY 1/2 Mike Check Pay DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. Additional	OO May Be ad to Fees RS IN 11 Addition Addition
8. The above SIGNATURE 9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	Soneture, typed or printed name of registered eigent a coration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND INTERPREDICT ON THE STREE HIPLEAH FL 330. VAD MASSON RUBEN 1976 E. 4TH AYEN HIPLEAH, FL 330. MASSON, JULIO E. 1976 E. 4TH BYENE	PIEE NOW After MAY 1/2 Shake Check Pays DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	stered agent, or both, in the State of Florida. Addedition	OO May Be ad to Fees RS IN 11 Addition Addition Addition

ORMASUA, INC. 190 E. 11 th ST. HIALEAH, FL 33010 DOC.#P00000021056 Rosal

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY.

PEDRO ORTEGA

PRESIDENT