

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13926 (1)**

1. Corporation Name
ORINOCO ELECTRONICA, INC.



Principal Place of Business Mailing Address
10020 S.W. 3 STREET MIAMI FL 33174 **10020 S.W. 3 STREET MIAMI FL 33174**

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **05/25/1995**
4. FEI Number **59-2792552** 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

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
24 25 29 30

9. Name and Address of Current Registered Agent
**GONZALEZ, FRANCISCO
340 S.W. 135 AVENUE
MIAMI FL 33184**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (Print Name of Registered Agent and the Date) _____ (Print Registered Agent's name and address) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSBT <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, FRANCISCO	12 NAME
STREET ADDRESS	340 S.W. 135 AVENUE	13 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33184	14 CITY - ST - ZIP
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBIAN, EDUARDO	22 NAME
STREET ADDRESS	10020 S.W. 3RD ST.	23 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		000001878140
STREET ADDRESS		-06/27/96--01049--038
CITY - ST - ZIP		***225.00
TITLE	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

6-27-96
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/96 (305) 557-9970

CR2E034 (3/96)