
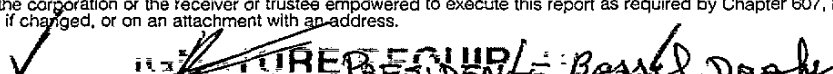


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # - P15794 (1)					
1. Corporation Name ORIENT INVESTMENT S.A. INC.					
Principal Place of Business 777 BRICKELL AVE. SUITE 1200 MIAMI FL 33131 US			Mailing Address 777 BRICKELL AVE. SUITE 1200 MIAMI FL 33131 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/01/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		98-0043047	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		25		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PEREZ, AIDA C. 777 BRICKELL AVE., SUITE 1200 MIAMI FL 33131			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
2.1 TITLE			2.2 NAME		
2.3 STREET ADDRESS			2.4 CITY - ST - ZIP		
3.1 TITLE			3.2 NAME		
3.3 STREET ADDRESS			3.4 CITY - ST - ZIP		
4.1 TITLE			4.2 NAME		
4.3 STREET ADDRESS			4.4 CITY - ST - ZIP		
5.1 TITLE			5.2 NAME		
5.3 STREET ADDRESS			5.4 CITY - ST - ZIP		
6.1 TITLE			6.2 NAME		
6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  01/27/98					

CR2E034 (10/97)