

\* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 \*

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**ORLATION PERFORMANCE CORPORATION**

DOCUMENT #

**P9300007707**

Mailing Address  
**444 Brickell Ave.  
Suite 51-246  
Miami, FL 33131**

Principal Place of Business  
**444 Brickell Ave.  
Suite 51-246  
Miami, FL 33131**

**400001493614**  
-05/18/95--01030--001  
\*\*\*\*233.75 \*\*\*\*233.75

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|                     |  |                                 |  |                                                                                         |  |                                                                     |  |
|---------------------|--|---------------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Mailing Address  |  | 2a. Principal Place of Business |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                             |  |
| 21                  |  | 26                              |  | 01/26/1993                                                                              |  | 4/18/94                                                             |  |
| Suite, Apt. #, etc. |  | Suite, Apt. #, etc.             |  | 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 22                  |  | 27                              |  | 65-0413206                                                                              |  | Not Applicable                                                      |  |
| City & State        |  | City & State                    |  | 5. Certificate of Status Desired                                                        |  | 6. Election Campaign Financing Trust Fund Contribution              |  |
| 23                  |  | 28                              |  | SB 75                                                                                   |  | <input type="checkbox"/>                                            |  |
| Zip                 |  | Country                         |  | 7. Nonprofit Exempt from \$138.75 Supplemental Fee                                      |  | \$5.00 May Be Added to Fees                                         |  |
| 24                  |  | 25                              |  | 29                                                                                      |  | 30                                                                  |  |
| Zip                 |  | Country                         |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**BAUR THOMAS  
100 N. Biscayne Blvd.  
21st Floor  
New World Tower, FL 33132**

10. Name and Address of New Registered Agent

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|--|---------------------------------------------|-----------------------------|
| 1.1 TITLE                  |  | 1.1 TITLE                                   | D AS                        |
| 1.2 NAME                   |  | 1.2 NAME                                    | MAXFIELD, P.                |
| 1.3 STREET ADDRESS         |  | 1.3 STREET ADDRESS                          | 444 Brickell Ave. - #51-246 |
| 1.4 CITY-ST-ZIP            |  | 1.4 CITY-ST-ZIP                             | Miami, Florida 33131        |
| 2.1 TITLE                  |  | 2.1 TITLE                                   | P T                         |
| 2.2 NAME                   |  | 2.2 NAME                                    | HENLEY, Jean                |
| 2.3 STREET ADDRESS         |  | 2.3 STREET ADDRESS                          | 444 Brickell Ave. - #51-246 |
| 2.4 CITY-ST-ZIP            |  | 2.4 CITY-ST-ZIP                             | Miami, FL 33131             |
| 3.1 TITLE                  |  | 3.1 TITLE                                   | S                           |
| 3.2 NAME                   |  | 3.2 NAME                                    | SNEJDA, L.                  |
| 3.3 STREET ADDRESS         |  | 3.3 STREET ADDRESS                          | 444 Brickell Ave. - #51-246 |
| 3.4 CITY-ST-ZIP            |  | 3.4 CITY-ST-ZIP                             | Miami, FL 33131             |
| 4.1 TITLE                  |  | 4.1 TITLE                                   |                             |
| 4.2 NAME                   |  | 4.2 NAME                                    |                             |
| 4.3 STREET ADDRESS         |  | 4.3 STREET ADDRESS                          |                             |
| 4.4 CITY-ST-ZIP            |  | 4.4 CITY-ST-ZIP                             |                             |
| 5.1 TITLE                  |  | 5.1 TITLE                                   |                             |
| 5.2 NAME                   |  | 5.2 NAME                                    |                             |
| 5.3 STREET ADDRESS         |  | 5.3 STREET ADDRESS                          |                             |
| 5.4 CITY-ST-ZIP            |  | 5.4 CITY-ST-ZIP                             |                             |
| 6.1 TITLE                  |  | 6.1 TITLE                                   |                             |
| 6.2 NAME                   |  | 6.2 NAME                                    |                             |
| 6.3 STREET ADDRESS         |  | 6.3 STREET ADDRESS                          |                             |
| 6.4 CITY-ST-ZIP            |  | 6.4 CITY-ST-ZIP                             |                             |

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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; empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

*J. Henley*

J. Henley

4/28/95

*NARW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone