

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000038597 (9)**

1. Corporation Name

ORLANDO AUTO EXPORT. CORP.

Principal Place of Business

Mailing Address

9900 N W 80 AVE
BAY 4H
HIALEAH GARDEN FL 33016
US

P O BOX 660362
206
MIAMI SPRINGS FL 33266
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/25/1993

3a. Date of Last Report

05/17/1994

4. FEI Number

65-0419772

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 P.O. Box 660362

23 City & State

28 Miami Springs, Fl.

24 Zip Country

29 33266 30 Dade

9. Name and Address of Current Registered Agent

ORLANDO, ORSTEGUI
9900 NW 80 AVE
BAY 4H
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name Orlando Orstegui
82 Street Address (P.O. Box Number is Not Acceptable) 9900 NW 80 Ave
83 Bay 4 H
84 City Hialeah Gardens FL 85 Zip Code 33016

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OROSTEGUI, ORLANDO
STREET ADDRESS	9900 NW 80 AVE / BAY 4H
CITY ST ZIP	HIALEAH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	Hialeah Gardens, Fl. 33016
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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. I hereby agree to an attorney with an address:

SIGNATURE: *Orlando Orstegui* Orlando Orstegui 4-15/95 305-266-060