FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11: 19

DOCUMENT # P93000044866 (0)

1. Corporation Name
ORALBA CORPORATION

Principal Place of Business
10855 SW 72ND ST
MIAMI FL 33173

Mailing Address
5040 NW 7 ST
STE 635
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0420555 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 3790 SW 139 Ct
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28 Miami, Fl.
Zip 24 / Country 25	Zip 29 33175 / Country 30 Dade.

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

9. Name and Address of Current Registered Agent

VALERA, CARLOS
5040 NW 7ST
STE 635
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Orestes Castro
82 Street Address (P.O. Box Number is Not Acceptable): 3790 S.W. 139 Court.
83
84 City: Miami FL 85 Zip Code: 33175

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] 1-8-95
Registered Agent Signature / Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1 TITLE	P/T/S ☑ Change ☐ Addition
NAME	VALERA, CARLOS	1 NAME	Orestes Castro
STREET ADDRESS	5040 NW 7 ST., STE 635	1 STREET ADDRESS	3790 S.W. 139 Ct.
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	Miami, Fl. 33175
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I 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)(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: [signature] ORESTES CASTRO 1-8-95 596 3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE

0122333 CP