

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048613 (2)

1. Corporation Name

HILANDERIAS ORINOCO, INC.



Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

2. Principal Place of Business

2a. Mailing Address

21 848 Brickell Avenue

26 848 Brickell Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

22 820

27 820

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33131

29 33131

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, TIMOTHY D
2665 SOUTH BAYSHORE DRIVE #900
MIAMI FL 33133

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MORENO, EUCLIDES R
STREET ADDRESS 2665 SOUTH BAYSHORE #900
CITY-ST-ZIP MIAMI FL 33133

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VP
NAME MORENO, HECTOR
STREET ADDRESS 2665 SOUTH BAYSHORE #900
CITY-ST-ZIP MIAMI FL 33133

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME MORENO, EUCLIDES R JR
STREET ADDRESS 2665 SOUTH BAYSHORE #900
CITY-ST-ZIP MIAMI FL 33133

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME MORENO, LUIS G
STREET ADDRESS 2665 SOUTH BAYSHORE #900
CITY-ST-ZIP MIAMI FL 33133

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME MORENO, MARIA D
STREET ADDRESS 2665 SOUTH BAYSHORE #900
CITY-ST-ZIP MIAMI FL 33133

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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 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:

Hector R. Moreno

Mr. Hector R. Moreno

July 30, 1996

305-3771600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (3/96)