IS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE O	COMPLETING TH
FOR FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	Parts.
DOCUMENT # P930000 48613	1UL 00
HILANDERIAS ORINOCO, INC.	SECKE TALLAI
Mailing Address Principal Place of Business	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	EINSTATE
2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 1111 BRICKEL BAY DR. 1111 BRICKEL BAY DR.	4. Date Incorporated or Qu

11 ED N-2 AM 10: 24

1. Corporation Name		UU JUN 2	
i '		SECKE IARY OF STATE	
HILANDERIAS ORINOCO	シエルで・	SECKE DARY OF STATE TALLAHASSEE, FLORIDA	
Mailing Address Principal Place of Busin	iness		
		A SERVICE OF THE SERV	
		ENSTAILMENT	
If above addresses are incorrect in any way, line through incorrect information 2. New Mailing Address, if Applicable 3. New Principal Office		DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified	
1111 BRICKELL BAY DR. 1111 BRIC	CKELL BAY DR.	To Do Business in Florda 7/13/93	
Suite, Apt. #, etc. Suite, Apt. #, etc. 9.0.3_	· · · · · · · · · · · · · · · · · · ·	5. FEI Number Applied For	
City & State City & State	=,	65-0427240 Not Applicable	
Zip 33131 Country U.S. A. 33131	Country U. J. A.	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonp.			
Name of Officers	Street Address of Each Officer and/or Director		
	(Do NOT Use Post Office Box Nur	City / State / Zip	
P EUCLIDES R. MORENO 85	7 HERITAGE DR.	WESTON, FL. 33326	
V,5 HECTOR R. MORENO IIII BRICKELL BAY DR. #903 Minni, FL. 33131			
	-	2000032986224	
		-06/21/0001034010 ***1200.00 ***1200.00	
		***1280.00 ***1200.00	
8. Name and Address of Current Registered Agent	8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
Name HECTOR R. MORENO			
Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKEL BAY DR.			
Suite, Apt. #, Etc.			
City M. State Zip Code FL 33/3/			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of 101115/11/80			
Registered Agent Date 5/30/00 D			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)			
13. Lide thereby certify that the information supplied with this filling is voluntarily	ly furnished and does not qualify for	r the exemption stated in Section 119 07/31/k). Florida Statutes, I re-	
lease 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 certify that I am an officer or direction or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the resolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 r. F.S. and that all fees owed by the corporation has been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made			
under oath.		5/30/00 (305)2051444	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #