

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071488 (9)**

95 MAR 28 PM 3:13

1. Corporation Name  
**ORANGE MARKETING, INC.**

Principal Place of Business Mailing Address  
**900 PARK CENTRE BLVD #456 MIAMI FL 33169** **900 PARK CENTRE BLVD #456 MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1993** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **55-0444585** 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 26  
22 Date, Apt. #, etc. 27 Date, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SALAZAR, RAFAEL  
900 PARK CENTRE BLVD #456  
MIAMI FL 33169**

10. Name and Address of Now Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable) (Date Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALAZAR, RAFAEL
STREET ADDRESS	900 PARK CENTRE BLVD #456
CITY, ST, ZIP	MIAMI FL 33169
TITLE	S
NAME	GUILLERMO, GONZALEZ
STREET ADDRESS	900 PARK CENTRE BLVD., #456
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	ABUELAFA, DAVID
STREET ADDRESS	900 PARK CENTRE BLVD., #456
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	CASAS, FELIPE
STREET ADDRESS	900 PARK CENTRE BLVD., #456
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	KATZ, STUART
STREET ADDRESS	900 PARK CENTRE BLVD., #456
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	KENDRICH, GILBERT
STREET ADDRESS	900 PARK CENTRE BLVD., #456
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTO ROA	
1.3 STREET ADDRESS	900 PARK CENTRE BLVD #456	
1.4 CITY, ST, ZIP	MIAMI, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YUI M KWOK	
2.3 STREET ADDRESS	900 PARK CENTRE BLVD # 456	
2.4 CITY, ST, ZIP	MIAMI, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 if changed, or on an addition thereto with an address.

SIGNATURE: *[Signature]* 3/24/95 (205)624-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR