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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078134 (2)

ORO DEPOT CORPORATION

Principal Plac	Mailing Address	ddress		1003/108/35030408 (1134 00/11 00/11 00/11 05/11 1500)			
1 NE 1ST ST		1 NE 1ST ST	1 NE 1ST ST				
METRO MALL BLDG SUITE 6		METRO MALL BLDG SUI	METRO MALL BLDG SUITE 6				
MIAMI FL 3313	2	MIAMI FL 33132-2433					
					3. Date incorporated or Qualified 3a. Date of Last Report		Report
					11/05/1993	02/14/1996	1
Principal Place of Business 2a. Mailing Address			, , , , , , , , , , , , , , , , , , , ,		4. FEI Number	1 1	Applied For
21					65-0484479	1	Not Applicable
Suite, Apt #, etc. Suite, Apt		Suite, Apt #, etc.	#, etc.			69.75	Additional
27		27			5. Certificate of Status Desired		Required
		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	28		Trust Fund Contribution		
Žip			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29		30		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent			
CAS	TILLO, JORGE A	 		81 Name		<u>, , , , , , , , , , , , , , , , , , , </u>	
1 NE 1ST ST			L				
				82 Street Add	eet Address (P.O. Box Number is Not Acceptable)		
METRO MALL BLDG SUITE 6				991			
MIAI	MI FL 33132			83			
		·	-	84 City		85 Zip	Code
						FL ` `	
11. Pursuant	to the provisions of Sections 607 08	02 and 607 1508, Florida Stat	utes, the ab	ove-named co	rporation submits this statement for the c ation's board of directors. I hereby accep	urpose of changing	its registered
office or r acent. La	egistered agent, or beth, in the Sta im familiar with, and accept the obli	të of Florida. Such change was ligations of Section 607.0505. F	s authorized Florida Stati	l by the corpora	ation's board of directors. I hereby accep	of the appointment as	s registered
		gattonic on coot.on cor.	1000 0.0.0				
SIGNATURE	Signature, typod or printed name of registered a	igent and title if applicable. (AK	DTE. Rog stered	Agent signature regi	uired when reinstating)	DATE	
12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	DPSV	L DELETE ;		LE J		Change Addit	
SURE STATE	CASTILLO, JORGE A		1.2 NAI	VE.			_
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MIAMUEL COMOG							
CITY+ST-ZIP	DELETE		1 4 C/TY-ST-Z/P 2.1 TITLE				I statistica-
	C) DELETE					☐ Change	☐ Addition
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CITY-\$T-ZIP			2. 4 C4TY+ST+Z4P				
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NAME			3.2 MAN	AE .			
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CITY+ST+ZIP				- ST - ZIP		- Channe	1.000
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NAME			5.2 NAN	15			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CiTy	r - ST - ZiP			
TITLE	DELETE 6		6.1 T(TL	E		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	iss ———————————————————————————————————		6.3 STR	EET ADDRESS	-		
CITY - ST - Z.P	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-\$T-ZIP			-
14. I do heret	by certify that the information suppli	ed with this filling does not qua	lify for the e	xemption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that	the
niormatio	n indicated on this abbust report of	-supplemental annual report is	ന്നില ഉവർ മറ	ourste and the	it my stanature shall have the came lensil	affect as if made un	I ded i dien van
appears in	n Block 12 or Block 13 if changed.	or on an attachment with an 22	wereu to ex !¢∕ess.	ecate this repo	ort as required by Chapter 607, Florida St	atutes, and that my r	пате
		/ - // ///	//				1