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

APPROVED AND FILED
95 APR 27 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013276 (8)

1. Corporation Name
ORTAS NORTH AMERICA, INC.

Principal Place of Business
~~1516 WHITEHALL DR #102~~
~~FT LAUDERDALE FL 33324~~

Mailing Address
~~1516 WHITEHALL DR #102~~
~~FT LAUDERDALE FL 33324~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21. 5150 SW 48th WAY
Suite, Apt #, etc.
22. 611
City & State
23. DAVIE, FLORIDA
Zip 24. 33314 Country 25. USA

2a. Mailing Address
26. 5150 SW 48th WAY
Suite, Apt #, etc.
27. 611
City & State
28. DAVIE, FLORIDA
Zip 29. 33314 Country 30. USA

4. FEI Number: 65-0474482 ☐ 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

9. Name and Address of Current Registered Agent
CHERRY, CAROL
1516 WHITEHALL DR #102
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
81 Name: JUANA R. ROJAS
82 Street Address (P.O. Box Number is Not Acceptable): 5150 S.W. 48th WAY,
83 SUITE 611
84 City: DAVIE FL 85 Zip Code: 33314

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: JUANA R. ROJAS - REG. AGENT *[signature]* DATE: 3-12-95

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ROSELLI, GIUSEPPE
STREET ADDRESS	20092 CINISELLO BALSAMO
CITY-ST-ZIP	MILAN ITALY
TITLE	DV
NAME	NIELSEN, CHRISTIAN R
STREET ADDRESS	1516 WHITEHALL DR #102
CITY-ST-ZIP	FT LAUDERDALE FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

[initials] 5/23

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)(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]* CHRISTIAN R. NIELSEN - DIRECTOR 3/12/95 (305) 587-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232476 CP