FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000039555 (5)

DOCUMENT # 1. Corporation Name ORTA DIVERSIFIED, INC.

FILED Apr 08 1998 8:00am Secretary of State



					-{	BB (BB (1): B B B B B B B B B
Principal Place of Business Mailing Address						
24611 SW 217TH AVE 24611 SW 217TH AVE HOMESTEAD FL 33031 HOMESTEAD FL 33031						
INCALCULATION	7 FE 33001	HOMESTEAD FL 33031			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
					05/23/1994	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0488887	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				\$8.75 Additional
22		27			5. Cermicate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	0			Added to Fees
24	26	Zip	Country		8. This corporation owes or has paid	
24	9. Name and Address of Curre		901		Personal Property Tax due June 30 10, Name and Address of New Regis	
Ol	RTA, ILEANA C		81	Name	to, Italia and Address of the respi	stered Agent
24611 SW 217TH AVE						
	DMESTEAD FL 33031		82	Street Addre	ess (P.O. Box Number is Not Acceptable	
HOMEOTERS I E 00001			63			
			84	City		85 Zip Code
44 Pureupot	to the provinces of Sections 607.06	D2 and 607 1509 Florida Ctatuta				FL 69 2000
office or r agent. I a	registered agent, or both, in the Statement familiar with, and accept the oblig	e of Florida. Such change was augations of, Section 607.0505, Flori	ithorized by ti ida Statutes.	he corporation	oration submits this statement for the pur on's board of directors. I hereby accept t	he appointment as registered
SIGNATURE	Signature, typed or profind name of registered as	Not and little if a vol cable (NOTE:	Engislared Asset	alanat un van de	d when reinstating)	DATE
12.		ND DIRECTORS	13.	og atore require	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	☐ DELETE	1.1 TITLE		TESTICIO, OTTA LIGIS TO STATE	Change Addition
NAME	ORTA, ILEANA C		1.2 NAME			_ , _
STREET ADDRESS	24611 SW 217TH AVE		1.3 STREET AD	ODRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP			
TITLE	DV	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	ORTA, CARLOS M		2.2 NAME			
STREET ADDRESS	24611 SW 217TH AVE		2.3 STREET AC	ODRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-	ZIP		
TITLE	DELETE 3		3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS		3.3		DAESS		
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		
TITLE		☐ DELETE	4.1 TITLE	ĺ		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AD	DDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		•	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP		·····	5.4 CITY-ST-2	ZIP	·	
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	ORESS		
CITY-ST-ZIP			6.4 CITY-ST-	ZIP		

I hereby certify that the information supplied with this filing 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 carphation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 lightaylad, or on an attachment with an appears in