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**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040534 (7)
1. Corporation Name
ORINOCO INTERNATIONAL, INC.



Principal Place of Business:

**8186 N.W. 31ST STREET
MIAMI FL 33122**

Main Office Address:

**8186 N.W. 31ST STREET
MIAMI FL 33122-1047**

2. Principal Place of Business:

21 Suite, Apt. #, etc:

22 City & State:

23 Zip:

Country:

24

2a. Mailing Address:

26 Suite, Apt. #, etc:

27 City & State:

28 Zip:

Country:

29

30

9. Name and Address of Current Registered Agent

**ALONSO, DOMINGO
301 ALMERIA
#220
CORAL GABLES FL 33134**

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.0902 and 607.0903, 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 Sections 607.0902 and 607.0903, Florida Statutes.

SIGNATURE

[Handwritten Signature]

3/6/97

12. OFFICERS AND DIRECTORS:

TITLE	D	<input type="checkbox"/> DELETED
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	8186 N.W. 31ST STREET	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE	VP	<input type="checkbox"/> DELETED
NAME	RAMBOTTIDE FERNANDEZ, DALIA	
STREET ADDRESS	8186 N.W. 31ST STREET	
CITY- ST- ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY- ST- ZIP	
39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 NAME	
41 STREET ADDRESS	
42 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this report is true and correct 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. 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 of a change of an or an addition of an address.

3/6/97 *[Handwritten Signature]*

CR2E034 (9/96)