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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P94000060159 (8) **ORA INTERNATIONAL HOLDINGS CORPORATION** Principal Place of Business Mailing Address 1059 S.W. 30TH AVE. 8617 N.W. 49TH DR. CORAL SPRINGS FL 33067 **DEERFIELD BEACH FL 33442** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1994 2. Principal Place of Business 21 /9// N.W. 407h 2a, Mailing Address 4, FEI Number Applied For Not Applicable 65-0512120 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERETZ. ANDREW ESQ 1 EAST BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 620 83 FT. LAUDERDALE FL 33301 84 85 Zip Code ections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provide SIGNATURE (NOT) Registered Agent algriature required when reinstaling) of registered agent and tille it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE SECRETARY / Treasurer MALKA, EDWARD EOWARO, MALKA NAME 1.2 NAME OCCAN DR. # 1925 2030 S. OCEAN DR., #1925 STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 Hallandale Pt. 33009 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE PRES 10 BIST TITLE 2.1 TITLE ALBERT S. MALKA NAME 22 NAME N.W. HATL DRIVE STREET ADDRESS 23 STREET ADDRESS Springs P1 33067 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 of the professor of the corpor figure of 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 corpor figure it is reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the corpor figure is the chapter 607.

FILED

954-971-1126