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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400070822 (9)
OREGON TRANSACTIONS, INC.

i interpor rae	CO OI DUSI	11033	
880 N. STATI		SUITE	7

Mailing Address

660 N. STATE ROAD 7. SUITE 7 PLANTATION FL 33317-2117 FILED Mar 13 1997 8:00am Secretary of State



3a. Date of Last Report

01/24/1996

3. Date Incorporated or Qualified

09/27/1994

2. Principal P	2. Principal Place of Business		2a. Mai	2a. Mailing Address			4. FEI Number				[AJ	Applied For		
21			[26]				65-0523911			No	Not Applicable			
	Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5 Ca	dificate of S	tatus Desired			Additional	7	
22			27	27			3 . Ce	incate or o	tatus Desired		Fee Re	parined		
City & Stat	0		City	& Stale				6. Ele	ction Campa	aign Financing		\$5.00	May Be	
23			28					Tru	st Fund Cor	tribution			to Fees	
Zip		Country	Zip	Zip Countr				8. This corporation has liability for intangible tax under s. 199.032,					. 199.032,	
24 25 29 30					Florida Statutes									
9, Name and Address of Current Registered Agent								10. Na	me and Ad	dress of New				4
ROT	TH, MICHAE	L W				81	Name W	MIT	ER	ALB	* NO	•		1
2020	0 N.E. 1631	RD STREET				82	StreeteAddre	ssl/P O	Rox Numbo	, .	table)			\dashv
SUITE 800						440	ν . s	BOX Number	- KD	7 5	下半	1		
NOF	NORTH MIAMI BEACH FL 33162				83								1	
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						64	LITLA	W (W	TION		F	L 85 33	Code 3 / 7	1
11. Pursuant	to the provis	ions of Sections 6	07.0502 and 607.15	08, Florida Statu	tos, the al	ove	named corpo	oration su	bmits this s	laternent for th	e purpose	of observing i	o conjointed	1
1 to epito	egistered ag on familiae w	ent, or both, in the thi and accept the	State of Florida. S obligations of, Sec	uch change was stion 607 0505. Et	authorized Iorida Stat	d by utes	the corporation	on's boar	d of director	s. I hereby ac	cept the ar	ppointment as	registerød	-
	wo	wo	ornganonio on occ		onda ola									1
SIGNATURE '	Signature, typed	or printed name of regist	ored agent and title if appl	icable (NO	TE: Registered	Ager	l signature required	d when reins	tating)		DATE			
12.		OFFICE	RS AND DIRECTOR	iS	13.			ADD	ITIONS/CHA	ANGES TO OF	FICERS AN	ID DIRECTOR	S IN 12]{
TITLE	PD			DECETE	1.176	ILE						Change	Addition	7
NAME `	ALBANO,	Walter			1.2 NA	ME								
STREET ADDRESS	660 N. S	TATE ROAD 7, 8	SUITE 7		1.3 87	REE1 A	VDDRESS							Ĭ
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NAME					2.2 N/	ME								1
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NAME					3.2 NA	MIF	1							1
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TITLE				DELETE	4.1 70							Change	Addition	1
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NAME					5.1 M							Stiblings	I WORKS	-
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1.5				CJ OLLLIE	ı		1					отында	LT Vonation	1
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lamian of	fficer or direc	clor of the corpora	upplied with this fili ort or supplemental tion or the receiver	or trustee empoy	vered to e	exen lecur kecu	ipiion stated i ate and that r ite this report	m Section my signat as requir	i 119.07(3)(ure shall ha ed by Chap	i), Florida Stati ve the same le ter 607, Florid	uies. i furin egal effect : a Statutes;	er cernly that as if made un- and that my r	me der oath; tha iame	ŧ
l 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.														

untaupation HWALTER ALBANO