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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000092764 (7)

ORCHELL, INC.

Principal Place of Business

10030 E. CALUSA CLUB DRIVE MIAMI FL 33186-2342 Mailing Address

10030 E. CALUSA CLUB DRIVE MIAMI FL 33186-2342

## FILED Jan 17 1997 8:00am Secretary of State



					<ol> <li>Date Incorporated or Qualified 12/23/1994</li> </ol>	3a. Date of Last Report 02/02/1996	port	
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del> -		4. FEI Number	Applie	d For	
21		26			66-5056281	Not Ar	oplicable	
Suite, Apt. # etc. Suite, Apt. # 27		Suite, Apt #, etc.	#, etc.		5. Certificate of Status Desired	\$8.75 Addi		
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May	v Be	
23		28			Trust Fund Contribution	Added to Fe		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		9.032,	
24	25	29	30			Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	gistered Agent	· <b></b>	
	nandez, orlando			81 Name				
10030 E CALUSA CLUB DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAM! FL 33186								
I				83				
; [				84 City		B5 Zip Cod	le	
11 Pursuant I	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites the al	nove-named	corporation submits this statement for the		pistered	
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stat	d by the corputes.	corporation submits this statement for the poration's board of directors. I hereby acceptation	pt the appointment as regi	istered	
SIGNATURE	Signature, typed or prefed name of registered ages	ot and title 4 appropable (NC	OTF: Registered	1 Agent signature	required when reinstailing)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	P	☐ DELETE	1,1 11	LE		Change	Addition	
NAME	Fernandez, arturo t		1.2 NA	ME			1	
STREET ADDRESS	10030 E CALUSA CLUB DRIVE		1.3 ST	REET ADDRESS				
CITY-ST-ZIP	miami fl		1.4 CI	TY - ST - ZIP				
TITLE	VP	. DELETE	2.1 TI	N.E.		☐ Change ☐	Addition	
NAME	FERNANDEZ, ORLANDO O		2.2 N	ME				
STREET ADORESS	10030 E CALUSA CLUB DRIVE		2.3 ST	REET ADDRESS				
CITY+S1-2IP	MIAMI FL		2 4 C	ITY-ST-ZIP				
TITLE	8	DELETE	3.1 Ti	TLE		Change	Addition	
NAME	FERNANDEZ, CONSUELO S	_	3.2 N	ME			ļ	
STREET ADORESS	10030 E CALUSA CLUB DRIVI	E	3.3 \$1	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 C	ITY-ST-ZIP				
TITLE	\$	☐ DELETE	4.1 Ti	TLE		Change	Addition	
NAME	FERNANDEZ, ORLANDO O		4.2 N	AME				
STREET ADDRESS	10030 E CALUSA CLUB DRIVE	Ē .	4.3 \$1	REET ADORESS				
CITY-ST-ZIP	miami fl		4.4 CI	TY-ST-ZIP				
TITLE	1	☐ DELE TE	5 1 TI			Change	Addition	
NAME	FERNANDEZ, CONSUELO S		52 N	<b>AME</b>				
STREET ADDRESS	10030 E CALUSA CLUB DRIVI	E	5357	REET ADDRESS				
CITY-S1-ZIP	MIAMI FL			TY-ST-ZIP				
TITLE	<u>-</u>	DELETE	61 T			Change [	Addition	
NAME			6 2 N	AME		•		
STREET ADDRESS				reet address				
				TY-ST-ZIP				
CITY - S1 - ZIP			040	11.91.51	1 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

14. I do hereby certify that the inforffation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this act ualify the port of 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 do poration 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 in ranges to or as attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/97

(305) 591-9693

Daytime Phone #