

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000028745 (4)**

1. Corporation Name  
**ORCHID BEACH CORP.**



Principal Place of Business Mailing Address  
**5200 BLUE LAGOON DRIVE STE 700 MIAMI FL 33126** **5200 BLUE LAGOON DRIVE STE 700 MIAMI FL 33126**

2. Principal Place of Business 2a. Mailing Address  
21 **c/o POBA International #322** 26 **c/o POBA International #322**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 02-5255** 27 **P.O. Box 02-5255**  
City & State City & State  
23 **Miami, Florida** 28 **Miami, Florida**  
Zip Country Zip Country  
24 **33102** 25 **USA** 29 **33102** 30 **USA**

3. Date Incorporated or Qualified **04/07/1995** 3a. Date of Last Report  
4. FEI Number **65-0578999** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MIAMI CORPORATE SYSTEMS INC.  
5200 BLUE LAGOON DRIVE STE 700  
MIAMI FL 33126**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature and typed or printed name of registered agent and the corporation. (Type Registered Agent signature in provided space.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LEFELD, OLGA C</b>	12. NAME	<b>GONZALEZ DE LEFELD, OLGA C.</b>
STREET ADDRESS	<b>C/O 5200 BLUE LAGOON DRIVE STE 700</b>	13. STREET ADDRESS	<b>c/o POBA International #322, PO Box 02-5255</b>
CITY- ST- ZIP	<b>MIAMI FL 33126</b>	14. CITY- ST- ZIP	<b>Miami, Florida 33102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2. TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, IGNACIO J</b>	22. NAME	<b>VELASCO GONZALEZ, IGNACIO J.</b>
STREET ADDRESS	<b>C/O 5200 BLUE LAGOON DRIVE STE 700</b>	23. STREET ADDRESS	<b>c/o POBA Intern. #322, PO Box 02-5255</b>
CITY- ST- ZIP	<b>MIAMI FL 33126</b>	24. CITY- ST- ZIP	<b>Miami, Florida 33102</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 change of name is an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 28, 96*

CR2634 (12/95)