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Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000028745 (4)
1. Corporation Name
ORCHID BEACH CORP.



Principal Place of Business: C/O POBA INTERNATIONAL #322, P.O. BOX 02-5255, MIAMI FL 33102, US

Mailing Address: C/O POBA INTERNATIONAL #322, P.O. BOX 02-5255, MIAMI FL 33102-5255, US

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0578999
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

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

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ DE LEFELD, OLGA C	
STREET ADDRESS	C/O POBA INTERNATIONAL #22 P.O. BOX 025255	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VELASCO GONZALEZ, IGNACIO J	
STREET ADDRESS	C/O POBA INTERNATIONAL #322 POB 025255	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ DE LEFELD OLGA C	
1.3 STREET ADDRESS	C/O POBA INT'L # 322, P.O. BOX 02 5255, MIAMI, FL 33102	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900002286429	
4.3 STREET ADDRESS	-09/08/97--01002--017	
4.4 CITY-ST-ZIP	***165.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002286428	
6.3 STREET ADDRESS	-09/08/97--01002--016	
6.4 CITY-ST-ZIP	***385.00	

14. I do hereby 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 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 trustee 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.

SIGNATURE: _____ DATE: Feb 2 97 205 3612000

CR2E034 (9/96)