

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90105 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028745

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 615 Ocean Dr, Apt. 8B Suite, Apt. #, etc. 22 City & State 23 Key Biscayne, FL Zip Country 24 33149 25	2a. Mailing Address 26 615 Ocean Drive Suite, Apt. #, etc. 27 Apt 8B City & State 28 Key Biscayne, FL Zip Country 29 33149 30
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3. Date Incorporated or Qualified 04/07/1995	4. FEI Number 65-0578999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS INC.
 5200 BLUE LAGOON DRIVE
 SUITE 700
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 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 type="checkbox"/> DELETE
NAME	GONZALEZ DE LEFELD, OLGA C	
STREET ADDRESS	C/O POBA INT'L # 322, P.O. BOX 025255 N A	
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 N A	
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	615 Ocean Drive, Apt. 8B	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Velasco Gonzalez, Ignacio J.	
2.3 STREET ADDRESS	615 Ocean Drive, Apt. 8B	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE: _____ Date: **Jan 24, 99** Daytime Phone # _____

CR2E034 (11/98)