

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra D. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031744 (2)

1. Corporation Name

ORSO INVESTMENTS, INC.

Principal Place of Business

**782 N.W. 42ND AVENUE
SUITE 340
MIAMI FL 33126**

Mailing Address

**782 N.W. 42ND AVENUE
SUITE 340
MIAMI FL 33126**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SOLE, MARIANO
782 N.W. 42ND AVENUE
SUITE 340
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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the president or chief executive officer of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ORTEGON, LUIS	
STREET ADDRESS	5220 N.W. 72ND AVE. BLDG. 2	
CITY, ST, ZIP	MIAMI FL	
TITLE	D P	☐ DELETE
NAME	SOLE, MARIANO	
STREET ADDRESS	782 NW 42ND AVE S-340	
CITY, ST, ZIP	5220 N.W. 72ND AVE BLDG 2 #	
CITY, ST, ZIP	MIAMI FL 33126	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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*****208.75**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANO SOLE

1/25/96 305-441-2655

CR2E034 (12/95)

3-26-1996