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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

P95000037976 (4)

ORANGETREE BLOSSOM, INC.

Principal Place of Business

Mailing Address

1630 WEST 38TH PLACE

1630 WEST 38TH PLACE



HIALEAH F	L 33012	HIALEAH FL 33012					
		_			Date Incorporated or Qualified 05/12/1995	3a. Date of L	ast Report
· · · · · ·	ace of Business	2a. Malling Address	0.1	T. 1	4. FEI Number		Applied For
21 1657 Suite, Apt.	West 39th Place	····	6 1657 West 39th Place		65-0587654	***************************************	Not Applicable
22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$ i	8.75 Additional	
City & State	}	City & State		6. Election Campaign Financing		Fee Required	
23 Hialeah, Florida		28 Hialeah, Florida		Trust Fund Contribution	1 1	55.00 May Be Added to Fees	
Zip 22012	Country	70	Country		8. This corporation has liability for in		****
24 33012	2-7014 ₂₅ USA	29 33012-7014 30) (SA	Florida Statutes	*****	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Ro	egistered Ager	nt
				Name			
BIRNBAUM, MARC 20801 BISCAYNE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE			83				
	FL 33180						
			84	1		FI 85	1
	o the provisions of Sections 607,0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Sectio		e above- y the corp	named corpora poration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing intment as regis	g its registered office tered agent. I am
SIGNATURE	Signature, typed or princed name of registered agent ar	nd title if accelerable	oistered And	nt signature required	urbag reinstanun!	DA*E	
12.	OFFICERS AND		13.	Truly Marie Toqueco	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	D	[] DELETE	1. 1 TITLE			Ch	
NAME	GLUCK, MAURICIO		1.2 NAME	-			. —
STREET ADDRESS	1630 WEST 38TH PLACE		1.3 STREET ADDRESS				
C/TY-ST-Z/P	HIALEAH FL 33012	PM P.P. P.42	1.4 CITY - ST - ZIP				
TITLE Name	D DIMATURE V DOV	DELETE	2.1 TITLE			□ Ch	ange 🔲 Addition
STREET ADDRESS	DUNAEVSKY, DOV 1674 MERIDIAN AVE. #408		2 2 NAME				
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.3 STREET ADDRESS 2.4 City-S1-7/P				
TITLE	MINIM DENOTT L 00109	T DELETE	3. 1 TITLE	51 - Z-F		[] Ch	ange 🗀 Addition
NAME		 ,	3.2 NAME	1			inge [] Addition
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY - ST - ZIP			3.4 CITY - 9	ST-21F			
TOTEE		DELETE	4. 1 TITLE			☐ Cha	enge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	44 CITY-S	Y-ZIP		Prog	
NAME		m) percie	5 1 TITLE		00000183 -05/23/960102	6490	population
STREET ADDRESS			5.2 NAME 5.3 STREET	Appoint	~05/23/96~-0102	20-2015/	, 0, -
CITY-ST-ZIP			5.4 City - S		***200.00	///	
TITLE	1-11	[] DELETE	6. 1 7 TLE	11-516		1 rah	Ge
NAME			6.2 NAME			·	Jan 11 sequing
STREET ADDRESS			6.3 STREET	ADDRESS		J	
C/TY-ST-ZIP			6.4 CITY - S	1-7IP			ļ
 14. I do hereby certify that t 	certify that the information supplied with the information indicated on this acquaints.	h this filing is voluntarily furnished	arıd doe	s not qualify for	r the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further

cath; that the information indicated on this aminual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each text 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.

SIGNATURE: Clausing Guck ProSIGNATURE AND TYPE OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

A COUNTY OF SIGNING OF