

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90188 012 ***150.00

DOCUMENT # P95000037976

1. Corporation Name
ORANGETREE BLOSSOM, INC.

Principal Place of Business
1657 WEST 39TH PLACE
HIALEAH FL 33012-7014

Mailing Address
1657 WEST 39TH PLACE
HIALEAH FL 33012-7014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1995

4. FEI Number
65-0587654

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BIRNBAUM, MARC
20801 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME GLUCK, MAURICIO
STREET ADDRESS 1657 WEST 39B PLACE
CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE P
NAME BARTOLONE, ALDO
STREET ADDRESS 1655 W 39 PL
CITY-ST-ZIP HIALEAH FL 33012

☒ DELETE

TITLE VP
NAME CABRERA, ROGER A
STREET ADDRESS 1655 WEST 39 PLACE
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE ST
NAME VIVIAN GLUCK
STREET ADDRESS 1657 WEST 39 PLACE
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME ~~MAURICIO~~ GLUCK, MAURICIO
1.3 STREET ADDRESS 1657 WEST 39 PLACE
1.4 CITY-ST-ZIP HIALEAH FL 33012

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE ST
4.2 NAME VIVIAN GLUCK
4.3 STREET ADDRESS 1657 WEST 39 PLACE
4.4 CITY-ST-ZIP HIALEAH FL 33012

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mauricio Gluck REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 305 3624512

Date

Daytime Phone #

CR2E034 (11/98)