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08/10/97

1997 JUN 26 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000058920 (6)

1. Corporation Name
ORANGE NATURAL, INC.

Principal Place of Business

1200 W 49 STREET
HIALEAH FL 33012

Mailing Address

1200 W 49 STREET
HIALEAH FL 33012-3217

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

8. Name and Address of Current Registered Agent

MACHADO, GUS
1200 W 49 STREET
HIALEAH FL 33012

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

APPLIED FOR

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MACHADO, GUS
1200 W 49 STREET
HIALEAH FL 33012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

200002227972--1
-07/01/97--01079--001
****165.00 ****165.00

☐ Change

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☐ Addition

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 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

[Signature]

4 07 97 (315) 121 2777

CR2E034 (9/96)

3/14/97 11:49 AM

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

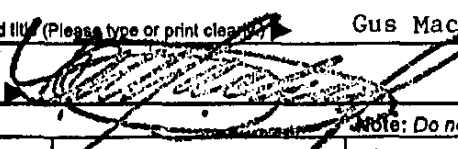
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ **Keep a copy for your records.**

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) ORANGE NATURAL, INC.			
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 1200 West 49th Street		5a Business address (if different from address in lines 4a and 4b)	
4b City, state, and ZIP code Hialeah, FL 33012		5b City, state, and ZIP code	
6 County and state where principal business is located Dade, Florida			
7 Name of principal officer, general partner, grantor, owner, or trustee — SSN required (See instructions.) ▶ Gus Machado, President			
8a Type of entity (Check only one box.) (See instructions.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) _____ <input checked="" type="checkbox"/> Other (specify) ▶ Corporation </div> <div style="width: 50%;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator - SSN _____ <input type="checkbox"/> Other corporation (specify) ▶ _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal Government/military _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Church or church-controlled organization _____ </div> </div>			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida Foreign country	
9 Reason for applying (Check only one box.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ </div> </div>			
10 Date business started or acquired (Mo., day, year) (See instructions.) 7/31/95		11 Closing month of accounting year (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶		Nonagricultural 0	Agricultural 0
14 Principal activity (See instructions.) ▶ Real Estate		Household 0	
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above. Legal name ▶ Trade name ▶			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) (305) 820-2525 Fax telephone number (include area code) (305) 827-2116	
Name and title (Please type or print clearly) ▶ Gus Machado, President			
Signature ▶ 		Date ▶ 6/25/97	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class Size Reason for applying