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FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000080177 (5)
 1. Corporation Name
THE ORION PRODUCTS GROUP INC.



Principal Place of Business: ~~15257 S.W. 111TH STREET MIAMI FL 33196~~
 Mailing Address: ~~15257 S.W. 111TH STREET MIAMI FL 33196-4523~~

3. Date Incorporated or Qualified: **10/19/1995**
 3a. Date of Last Report: **05/01/1996**

4. FEI Number: **65-0645425**
 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

2. Principal Place of Business: **21 1211 S.W. 139 Avenue**
 Suite, Apt. #, etc.:
 City & State: **22 Miami, Florida**

2a. Mailing Address: **26 1211 S.W. 139 Avenue**
 Suite, Apt. #, etc.:
 City & State: **27 Miami, Florida**

23. Zip: **24 33184** Country: **25 USA**
 Zip: **29 33184** Country: **30 USA**

9. Name and Address of Current Registered Agent
FERREIRA, CARLOS
15257 S.W. 111TH STREET
MIAMI FL 33196

10. Name and Address of New Registered Agent
 81 Name: **Miami Corporate Systems, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable): **5200 Blue Lagoon Drive, Suite 700**
 83
 84 City: **Miami** State: **FL** 85 Zip Code: **33126**

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, 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: *Mauricio Cayon, Vice-Pres.*
 Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAYON, MAURICIO	
STREET ADDRESS	1211 S.W. 139TH AVE.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, JOSE M	
STREET ADDRESS	3406 S.W. 118TH PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERREIRA, CARLOS	
STREET ADDRESS	15257 S.W. 111TH ST.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACHECO, JOSEPH	
STREET ADDRESS	16055 NW 64 AVE., #116	
CITY-ST-ZIP	MIAMI FL 33014	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAYON, MAURICIO	
1.3 STREET ADDRESS	1211 S.W. 139th Avenue	
1.4 CITY-ST-ZIP	Miami, Florida 33184	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PACHECO, JOSEPH	
4.3 STREET ADDRESS	16055 N.W. 64 Avenue #116	
4.4 CITY-ST-ZIP	Miami, Florida 33014	
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 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; 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 by an attachment with an address.

SIGNATURE: *Mauricio Cayon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mauricio Cayon, President (305) 388-6955**
 Date: Daytime Phone #

CR2E034 (9/96)