

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085605 (0)

1. Corporation Name
ORLANDO CHAMBER OF COMMERCE RESERVATIONS CENTER, INC.



Principal Place of Business: **3399 NW 72ND AVE. SUITE 206 MIAMI FL 33122**
Mailing Address: **3399 NW 72ND AVE. SUITE 206 MIAMI FL 33122**

3. Date Incorporated or Qualified: **11/06/1995**
3a. Date of Last Report
4. FEI Number: **apply 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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29
Country: 30

9. Name and Address of Current Registered Agent

**FERNANDEZ, JUAN
3399 NW 72ND AVE, SUITE 206
MIAMI FL 33122**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	3399 NW 72ND AVE, SUITE 206	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKS, LAWRENCE M	
STREET ADDRESS	6834 SW 81 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RITCHIE, KEN	
STREET ADDRESS	3840 KENT CT	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001810917
5.3 STREET ADDRESS	-05/07/96--01052--014
5.4 CITY-ST-ZIP	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 1 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Juan Fernandez* Date: **4/30/96** Telephone: **305-597-4322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JUAN FERNANDEZ**

CR2E034 (12/95)

JAFB
5-1-96