

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000086777 (6)**

1. Corporation Name
I.D.I. ORANGE, INC.



Principal Place of Business 1600 S.E. 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316	Mailing Address 1600 S.E. 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316-1717
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/09/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR 65-0674927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HATCH, IRA C 1600 S.E. 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent 81 Name CARLOS MARULANDA 82 Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD. 83 Suite # 920 84 City Fort Lauderdale FL 85 Zip Code 33394
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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 _____ DATE **04-28-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DO <input type="checkbox"/> DELETE
NAME	MARULANDA, PABLO A
STREET ADDRESS	18444 NW 9 CT
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	DO <input type="checkbox"/> DELETE
NAME	MARULANDA, CARLOS A
STREET ADDRESS	688 STANTON DR
CITY-ST-ZIP	FT LAUDERDALE FL 33328
TITLE	DO <input type="checkbox"/> DELETE
NAME	MARULANDA, CESAR A
STREET ADDRESS	694 STANTON DR
CITY-ST-ZIP	FT LAUDERDALE FL 33328
TITLE	DO <input type="checkbox"/> DELETE
NAME	Marulanda, Edgar Alfredo
STREET ADDRESS	812 Sand Creek Circle
CITY-ST-ZIP	Fort Lauderdale FL 33327
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2556 Jardin Lane
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33327
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 checked="" 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	
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 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 REQUIRED** **04-28-97 (954) 453-0208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)