

CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000086777

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

Principal Place of Business  
983 N NOB HILL RD  
PLANTATION FL 33324

Mailing Address  
983 N NOB HILL RD  
PLANTATION FL 33324

FILED

99 OCT 21 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>11/09/1995  |  |
| 4. FEI Number<br>65-0674927  | Applied For<br><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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

MARULANDA, CARLOS  
983 N NOB HILL RD  
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DO                  | <input type="checkbox"/> DELETE |
| NAME           | MARULANDA, PABLO A  |                                 |
| STREET ADDRESS | 983 N NOB HILL RD   |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324 |                                 |
| TITLE          | DO                  | <input type="checkbox"/> DELETE |
| NAME           | MARULANDA, CARLOS A |                                 |
| STREET ADDRESS | 983 N NOB HILL RD   |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324 |                                 |
| TITLE          | DO                  | <input type="checkbox"/> DELETE |
| NAME           | MARULANDA, CESAR A  |                                 |
| STREET ADDRESS | 983 N NOB HILL RD   |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324 |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| 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           | 800003039178--5   |
| 1.3 STREET ADDRESS | -11/09/99--01022--001   |
| 1.4 CITY-ST-ZIP    | ***900.00 ***150.00   |
| 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           |   |
| 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    |   |

I 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 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 a 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

V.P. Carlos Marulanda 04-29-99 (954) 474-2828

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October 14, 1999

Department of State  
Division of corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

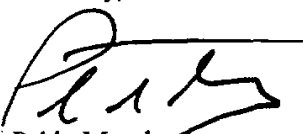
As per our telephone conversation of today, I would like to request the acceptance of the annual report filings made by us on April 30<sup>th</sup>. For that purpose I am enclosing copies of the corrected annual report filing and its payment. (6 X \$150.00 = \$900.00)

On April 30, 1999. We filed the annual report for the following corporations without the required payment. As stated by your office, you had replied to us, to the address of record but unfortunately we did not get them or got lost in our office.

|                            |              |
|----------------------------|--------------|
| WESTON ORLANDO HOTEL, INC. | P98000068335 |
| WESTON ORLANDO PARK, INC.  | P98000068333 |
| WESTON ORLANDO FIVE, INC.  | P98000068823 |
| AMERILOAN MORTGAGE CORP    | G69819       |
| STRATA CORP.               | P97000031807 |
| I.D.I. ORANGE, INC.        | P95000086777 |

I want to thank you in advance for your cooperation to this matter.

Cordially,

  
Pablo Marulanda