

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096519 (0)

1. Corporation Name

ORQUESTA TROPICAL, INC.



Principal Place of Business

Mailing Address

13842 GINGER CREEK BLVD
ORLANDO FL 32826

13842 GINGER CREEK BLVD
ORLANDO FL 32826

2. Principal Place of Business

2a. Mailing Address

21 2718 W. WATERS AVE

26 2718 W. WATERS AVE

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33614

29 33614

30

3. Date Incorporated or Qualified

3a. Date of Last Report

12/18/1995

4. FEI Number

EIN#

✓ 59-3385261

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIDAL, HARRY
13842 GINGER CREEK BLVD
ORLANDO FL 32826

81 Name

VIDAL, HARRY

82 Street Address (P.O. Box Number is Not Acceptable)

2718 W. WATERS AVE

83

84 City TAMPA

FL

85 Zip Code 33614

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] HARRY W. VIDAL

06/19/96

Signature typed or printed name required when not applicable

(the DTE Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME VIDAL, HARRY
STREET ADDRESS 13842 GINGER CREEK BOULEVARD
CITY - ST - ZIP ORLANDO FL 32826

11 TITLE D ☒ Change ☐ Addition
12 NAME VIDAL, HARRY
13 STREET ADDRESS 2718 W. WATERS AVE
14 CITY - ST - ZIP TAMPA, FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE V/S ☐ Change ☒ Addition
22 NAME YAMIRAN IGLESIAS
23 STREET ADDRESS 2718 W. WATERS AVE
24 CITY - ST - ZIP TAMPA, FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/96 (813) 933-2882

Date

Daytime Phone

CR2E034 (3/96)