

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 # P95000097168 (5)

1. Corporation Name

ORION TRADING CO.



Principal Place of Business

1627 BRICKELL AVENUE
APT. 605
MIAMI FL 33129

Mailing Address

1627 BRICKELL AVENUE
APT. 605
MIAMI FL 33129

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

4. FEI Number

65-0649855

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

10. Name and Address of New Registered Agent

81 Name

DANTE PEZZATINI

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

1627 BRICKELL AVE. APT. 605

83

84 City

MIAMI

FL

85 Zip Code

33129

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: DANTE PEZZATINI PRESIDENT

Doyle Perol = 04/08/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEZZATINI, DANTE
STREET ADDRESS 1627 BRICKELL AVE. APT. 605
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE D
NAME PEZZATINI, FULVIO
STREET ADDRESS 1627 BRICKELL AVE. APT. 605
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE D
NAME RISPOLI, ROSA M
STREET ADDRESS 1627 BRICKELL AVE. APT. 605
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE D
NAME PEZZATINI, KARLA
STREET ADDRESS 1627 BRICKELL AVE. APT. 605
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE D
NAME PEZZATINI, AGOSTINO
STREET ADDRESS 1627 BRICKELL AVE. APT. 605
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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PEZZATINI, ILARIA
1627 BRICKELL AVE. APT. 605
MIAMI, FL 33129

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4.93

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANTE PEZZATINI

04/08/96 (305) 854-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)