
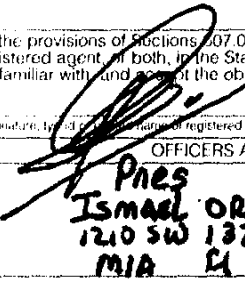
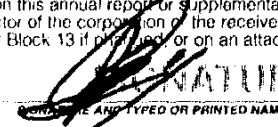


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

| | | | | | |
|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000001040 (0) | | | | | |
| 1. Corporation Name ORIA INTERLOCKING CORPORATION | | | | | |
| Principal Place of Business 6991 N.W. 82ND AVENUE BAY #6 MIAMI FL 33166 | | | Mailing Address 6991 N.W. 82ND AVENUE BAY #6 MIAMI FL 33166 | | |
| 2. Principal Place of Business 21 8821 SW 129 Ter. Suite, Apt. #, etc. | | 2a. Mailing Address 26 same. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 01/04/1996 | |
| 22 City & State 23 miami FL Zip 33176 Country DADE | | 27 City & State 28 miami FL Zip --- Country --- | | 4. FEI Number 65-0747949 Applied For <input type="checkbox"/> Not Applicable | |
| 9. Name and Address of Current Registered Agent ORIA, ISMAEL F 1210 SW 132ND AVENUE MIAMI FL 33184 | | | | 3a. Date of Last Report 01/04/1996 | |
| 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 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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, if 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. | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| SIGNATURE  Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES Ismael Oria 1210 SW 132 Ave MIA FL 33184 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP V. Pres. Ismael F. Oria 1210 SW 132 Ave miami FL 33184 [] Change [] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition | |
| 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 provided, or on an attachment with an address. | | | | | |
| SIGNATURE:  NATURAL REQUIRED Date Daytime Phone # | | | | | |



CR2E034 (9/96)

4-8-97 254-2997

0520048