

FILE NOW: FILING FEE AFTER MAY 1 \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000005682 (5)

1. Corporation Name
ORESAL CORPORATION

Principal Place of Business
2250 S.W. THIRD AVENUE
FIFTH FLOOR
MIAMI FL 33129

Mailing Address
2250 S.W. THIRD AVENUE
FIFTH FLOOR
MIAMI FL 33129-2045

2. Principal Place of Business

21 2250 S.W. Third Ave.

Suite, Apt. #, etc.

22 Third Floor

City & State

23 Miami, FL

Zip

24 33129

Country

25 USA

2a. Mailing Address

26 2250 S.W. Third Ave.

Suite, Apt. #, etc.

27 Third Floor

City & State

28 Miami, FL

Zip

29 33129

Country

30 USA

g. Name and Address of Current Registered Agent

AVILA, MANUEL A ESQ
2250 S.W. THIRD AVENUE
FIFTH FLOOR
MIAMI FL 33129

3. Date Incorporated or Qualified

01/16/1996

3a. Date of Last Report

4. FEI Number

65-0668594

Applied For

Not Applicable

6. 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

AVILA, MANUEL A. ESQ

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

2250 S.W. Third Ave.

83

Third Floor

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

Manuel A. Esq.

Registered Agent

April 30th, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ORELLANA, OSCAR
STREET ADDRESS 6770 INDIAN CREEK DRIVE APT. 5-0
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

NAME ORELLANA, OSCAR
STREET ADDRESS 6770 INDIAN CREEK DRIVE APT. 5-0
CITY-ST-ZIP MIAMI BEACH, FL 33141

21 TITLE ☐ Change ☒ Addition

NAME Orellana, Lesbia
STREET ADDRESS 6770 Indian Creek Drive Apt. 5-0
CITY-ST-ZIP Miami Beach, FL 33141

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 amendment with an address.

SIGNATURE *Manuel A. Esq.*

APPROVED
97 JUN 23 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)