

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029560 (5)**

1. Corporation Name  
**ORIPASH, INC.**



Principal Place of Business <b>5700 LAKE WORTH ROAD STE 310 LAKE WORTH FL 33463</b>	Mailing Address <b>5700 LAKE WORTH ROAD STE 310 LAKE WORTH FL 33463-3275</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>04/04/1996</b>	3a. Date of Last Report
				4. FEI Number <b>65-0654631</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEWIS, RICHARD C 799 BRICKELL PLAZA STE 702 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>JAMES M. ROGERS</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5700 LAKE WORTH ROAD, SUITE 310</b> <b>83</b> <b>84</b> City <b>LAKE WORTH</b> <b>FL</b> <b>85</b> Zip Code <b>33463</b>	
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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 officer 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  **JAMES M. ROGERS** **4/10/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAPIRO, ALBERT</b> <b>5700 LAKE WORTH ROAD STE 310</b> <b>LAKE WORTH FL 33463</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D,P,CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAPIRO, HONORA</b> <b>5700 LAKE WORTH ROAD STE 310</b> <b>LAKE WORTH FL 33463</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SVP,S,T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES M. ROGERS</b> <b>5700 LAKE WORTH ROAD, SUITE 310</b> <b>LAKE WORTH, FL 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP,AS</b> <b>GRAHAM PAUL WELLINGTON</b> <b>5700 LAKE WORTH ROAD, SUITE 310</b> <b>LAKE WORTH, FL 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AVP</b> <b>SHAWN LOZEAU</b> <b>5700 LAKE WORTH ROAD, SUITE 310</b> <b>LAKE WORTH, FL 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address

SIGNATURE:  **JAMES M. ROGERS** **4/10/97** **(561) 433-0042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE DAYTIME PHONE #  
0330210

CR2E034 (9/96)