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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000046263 (5)

**ORANGE VENCREST, INC.** 

FILED Apr 21 1997 8:00am Secretary of State

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9240 SUNSET DRIVE SUITE 204 MIAMI FL 33173		sur	9240 SUNSET DRIVE SUITE 204 MIAMI FL 33173-3263							
nifami I E 90		MIC	oor to wart was supplied.				3. Date Incorporated or Qualified 05/22/1996	3a. Da	le of I.a	st Report
, Priocipal	Place of Business	2a. 1	Mailing Address				4. FEI Number			Applied For
		26					65- 0740181			Not Applica
Suite, Apr	t #, etc	ļ1	Suite, Apt. #, etc.				5. Certificate of Status Desired			<b>75</b> Additional
		27	0.0						<del></del>	e Required
City & Sta	ate	<b>├</b> ──	City & State				6. Election Campaign Financing		<b>\$5.</b>	00 May Be
Zip	Gountry	28	Zip	Cour	otru		Trust Fund Contribution	<u> </u>		ded to Fees
2 147	25	29	ыр	30	,,,,		8. This corporation has liability for Florida Statutes	Yes K		ers. 199.032
. ,	9. Name and Address of Cur		red Agent	301			10. Name and Address of New Re			
SF	EMET, BARRY N	5			81	Name		<del></del>	<del></del>	
	1 ALHAMBRA CIRCLE									
	JITE 1200				82	Street Addre	ess (P.O. Box Number is Not Acceptate	)(e)(		
	ORAL GABLES FL 33134			ļ.	83		***************************************			·····
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					84	City		FL	85	Zip Code
BNATURE	Signature, type it or printed name of registered	d agent and the if	applicable (NC	DTE Registered	Ager	ni signature require	ed when reinstaling)	DATE		
		AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_	***************************************
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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 occurate and that my signature shall have the same legal effect as if made under oath, that are officer or director of the corporation or the receiver or trustee empowered account 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.

DOMINGO L OTTATI
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/19/7

(305)279-0970

Daytime Phone #