

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

**FILED**  
**Mar 20 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *P96-54981*

1. Corporation Name

**ORANGE HOLDINGS INVESTMENT COMPANY**

Principal Place of Business

Mailing Address

<b>2. Principal Place of Business</b> <b>21</b> 5600 S.W. 135 Avenue Suite, Apt. #, etc. <b>22</b> Suite 114 City & State <b>23</b> Miami, Florida Zip <b>24</b> 33183	<b>2a. Mailing Address</b> <b>26</b> 5600 S.W. 135 Avenue Suite, Apt. #, etc. <b>27</b> Suite 114 City & State <b>28</b> Miami, Florida Zip <b>29</b> 33183	<b>25</b> U.S.A. Country <b>30</b> U.S.A.
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<b>3. Date Incorporated or Qualified</b> 6/24/96	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

B & C Corporate Services, Inc.  
201 South Biscayne Boulevard  
Suite 3000 - Miami Center  
Miami, Florida 33131

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>11</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Naranjo, Eduardo 5600 S.W. 135 Avenue, Miami, Florida 33183	<b>11</b> TITLE <b>12</b> NAME <b>13</b> STREET ADDRESS <b>14</b> CITY-ST-ZIP	<b>P</b> Ruiz, Raul 5600 S.W. 135 Avenue, Ste. 114 Miami, Florida 33183
<b>15</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>	<b>21</b> TITLE <b>22</b> NAME <b>23</b> STREET ADDRESS <b>24</b> CITY-ST-ZIP	<b>S/T</b> Diaz, Jose 5600 S.W. 135 Avenue, Ste. 114 Miami, Florida 33183
<b>16</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>	<b>31</b> TITLE <b>32</b> NAME <b>33</b> STREET ADDRESS <b>34</b> CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>17</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>	<b>41</b> TITLE <b>42</b> NAME <b>43</b> STREET ADDRESS <b>44</b> CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>18</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>	<b>51</b> TITLE <b>52</b> NAME <b>53</b> STREET ADDRESS <b>54</b> CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>19</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>	<b>61</b> TITLE <b>62</b> NAME <b>63</b> STREET ADDRESS <b>64</b> CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>

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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 file 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raul Ruiz

3/3/97

Date

Daytime Phone #

CR2034 (9/96)