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May 05 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 # P96000086372 (5)

1. Corporation Name  
O.R. SERVICES, INC.



Principal Place of Business

Mailing Address

335 NE 12 AVE  
HOMESTEAD FL 33030

335 NE 12 AVE  
HOMESTEAD FL 33030-6218

3. Date Incorporated or Qualified

3a. Date of Last Report

10/18/1996

2. Principal Place of Business

2a. Mailing Address

21 442 E. MOWRY DRIVE

26 442 E. MOWRY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 4

27 APT. 4

City & State

City & State

23 HOMESTEAD, FL

28 HOMESTEAD FL

Zip

Country

Zip

Country

24 33030

25 U.S

29 33030

30 U.S

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORJUELA, JOSE R  
335 NE 12 AVE  
HOMESTEAD FL 33030

81 Name

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

83

84 City

FL

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

SIGNATURE

JOSE R. ORJUELA

4-25-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME ORJUELA, JOSE R  
STREET ADDRESS 335 NE 12 AVE  
CITY-ST-ZIP HOMESTEAD FL 33030

1.1 TITLE PS  
1.2 NAME ORJUELA, JOSE R  
1.3 STREET ADDRESS 442 E. MOWRY DRIVE, APT 4  
1.4 CITY-ST-ZIP HOMESTEAD FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address.

SIGNATURE:

JOSE R. ORJUELA

4-25-97

246-8357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)