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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094925
1. Corporation Name

ORION AMERICA TRADERS, INC.

Principal Place of Business	Mailing Address
600 NE 36 ST. Unit # 1006 Miami, FL. 33137	600 NE 36 ST. Unit # 1006 Miami, FL. 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11-20-1996.

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
1. *100 N. BISCAYNE BLVD*	26. *100 N. BISCAYNE BLVD.*	65-0709438		Not Applicable
Suite, Apt. #, etc. 2. *1717*	Suite, Apt. #, etc. 27. *1717*	5. Certificate of Status Desired ☐		$8.75 Additional Fee Required
City & State 3. *MIAMI, FL*	City & State 28. *MIAMI, FL*	6. Election Campaign Financing Trust Fund Contribution ☐		$5.00 May Be Added to Fees
Zip *33132* 25. Country *USA*	Zip *33132* 30. Country *USA*	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Perrella, Claudio B. 600 NE 36 ST. Unit # 1006 Miami, FL. 33137	81 Name *BAIONI, GIANFRANCO* 82 Street Address (P.O. Box Number is Not Acceptable) *100 N. BISCAYNE BLVD #1717* 83 84 City *MIAMI* FL 85 Zip Code *33132*

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 *Gianfranco Baioni* *GIANFRANCO BAIONI PRESIDENT* *4-13-98*
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
TITLE	D	☐ DELETE	1.1 TITLE	*PRESIDENT* ☒ Change ☐ Addition
NAME	Baioni, Gianfranco		1.2 NAME	*BAIONI, GIANFRANCO*
STREET ADDRESS	600 NE 36 ST. Unit # 1006		1.3 STREET ADDRESS	*100 N. BISCAYNE BLVD. #1717*
CITY-ST-ZIP	Miami, FL. 33137		1.4 CITY-ST-ZIP	*MIAMI FL. 33132.*
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Perrella, Claudio B.		2.2 NAME	
STREET ADDRESS	600 NE 36 ST. Unit # 1006		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33137		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	*D* ☒ Change ☐ Addition
NAME	Quondamcardo, Monica		3.2 NAME	*QUONDAMCARLO, MONICA*
STREET ADDRESS	600 NE 36 ST. Unit # 1006		3.3 STREET ADDRESS	*100 N. BISCAYNE BLVD. #1717*
CITY-ST-ZIP	Miami, FL. 33137		3.4 CITY-ST-ZIP	*MIAMI FL. 33132.*
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	30000024961726
STREET ADDRESS			6.3 STREET ADDRESS	-04/22/98--01063--035
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

14. I 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 *Gianfranco Baioni* *GIANFRANCO BAIONI 4-13-98*