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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000103103 (3)

OROZCO, INC.

Principal Place of Business

Mailing Address

RAS CW 11TH CT

SIGNATURE:

843 S.W. 11TH ST

FILED Mar 26 1998 8:00am Secretary of State



MIAMI FL 331	29	MIAMI FL 33129				DO NOT WOITE	N THE CE	ACE	
						DO NOT WRITE II 3. Date Incorporated or Qualified	N THIS SP	ACE	
						1			
2. Principal Pl	ace of Business	2a. Mailing Address				12/19/1996 4. FEI Number		1 14,	oplied For
21 16200 Sw 138 pl. 28 16200 9				. 1	13821				ot Applicable
Suite, Apt. #, etc. Suite, Apt									Additional
22		27				5. Certificate of Status Desired		+-	equired
City & State		City & State	1			6. Election Campaign Financing	_	\$5.00	Мау Ве
23 HAI Q		28 MIAMI	+-	•		Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	h	untry		8. This corporation owes or has paid			
24 33 1	9. Name and Address of Current	20 331 77	30]	т		Personal Property Tax due June 3 10. Name and Address of New Regi			No
		nagistereo Agent		81	Name	10. Name and Address of feet Regi	Stared M	Jour	
OROZCO, GIL A 843 S.W. 11TH ST.				"	Humo				
				82 Street Address (P.O. Box Number is Not Acceptable)					
MRA	MI FL 33129								
				83					
				84	City			85 Zip	Code
44.6				لــــــــــــــــــــــــــــــــــــــ			<u>_FL_</u>		
11. Pursuant to	o the provisions of Sections 607.0502 egistered agent, or both, in the State (' and 607.1508, Florida Sta of Florida. Such change w	atutes, the a as authorize	bove d by	3-named co ⁄ the corpor	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of c the appoi	hanging it ntment as	.s registered registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Sta	tutes	j.	ration's board of directors. I hereby accept	- 15 5/4		
SIGNATURE .									
12.	Signature, typed or printed name of registered ager OFFICERS AND	• • • • • • • • • • • • • • • • • • • •	NOTE: Registere	d Age	nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND E	NDECTOR	20 IN 12
TITLE	PT OFFICERS AND	DELETE	1.1 1	TIE		ADDITIONS/CHAINGES TO OFFICE		Change	Addition
NAME	OROZCO, GIL A		1.2 N				_		Rodition
	843 S.W. 11TH ST.				1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33129	X DELETE	1.4 C	ITY-S	1-202			Change	Addition
NAME	CABALLERO, LEONARDO	PA Octain	2.2 NAM				_	_ Change	radiiioii
STREET ADDRESS	4444 TIAT ATM ATM		1		ADDRESS				
	HIALAH FL 33013								
CITY-ST-ZIP TITLE			2. 4 U		ST-ZIP		—	Change	Addition
NAME		42	3.2 N/				_		
STREET ADDRESS				-	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE	4.1 11		31-ZIP			Change	Addition
NAME		<u></u>	4.21				L-		
STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIP				ITY-SI					
TITLE		DELETE	5.1 Ti		1-4IF			Change	Addition
NAME			5.2 N				-		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-\$1					
TITLE		☐ DELETE	6.1 1				Т	Change	Addition
NAME			6.2 N				_		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S1	I				
14. I hereby c	ertify that the information supplied wil	th this filing does not qualif	y for the ex	empt	tion stated i	in Section 119.07(3)(i), Florida Statutes. I fu	urther certi	fy that the	information
indicated (on this annual report or supplemental	l annual report is true and a	accurate an	d tha	at my signat	ture shall have the same legal effect as if n equired by Chapter 607, Florida Statutes; ar	nade unde	er oath; th	at I am an
Block 12 c	or Block 13 if changed, or on an attack	ment with an address.	TO CABOUID	0 00 T	opon as 16	quired by ciraptor our, i lorida statutes, ar	io mai nily) (S

Vrozco