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

DOCUMENT #

P97000038687 (4)

ORINOKIA, INC.

Mailing Address

Principal Place of Business

FILED May 04 1998 8:00am Secretary of State



1101/00

8330 N.W. 168TH STREET Miami Lakes FL 33016		8330 N.W. 168TH STREET Miami Lakes fl 33016			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 04/28/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			X 65- 0756353 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State	Э	City & State			6. Election Campaign Financing \$5.00 May Be
23 Zin	Country	28	0		Trust Fund Contribution
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curren		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
RC.	NADUCE, MARIA BEATRIZ	t trogiorous regorit		1 Nam	
8330 N.W. 168TH STREET					
	AMI LAKES FL 33016			Stree	et Address (P.O. Box Number is Not Acceptable)
*****	an grace it ooo is		1	13	
				_	
				City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ve name	ed corporation submits this statement for the purpose of changing its registered
Office or re	e gistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	ulhorized	by the co	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	and doopt the obliga	110000, 1000000000000000000000000000000	i ou clata	.00	
OIGHATURE .	Signature, typed or printed name of registered age:	ot and title if applicable (NOTE	Registered	gent signatu	ure required when reinstaling) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITL	Ē	Change Addition
NAME	BONADUCE, MARIA BEATRIZ	•	1.2 NAM	E	
STREET ADDRESS	8330 N.W. 168TH STREET		1.3 STR	ET ADDRESS	3
CITY-ST-ZIP	MIAMI LAKES FL 33016			- ST - ZIP	
TITLE	VS CONTALET CELLA	☐ DELETE	2.1 TITL		GONZALEZ DE BONADUCE, CELLA BOSO N.W. 1680 ST. MIAMI LAKES, FL 33016
NAME	GONZALEZ, CELIA \$330 N.W. 168TH STREET		22 NAM		GONZALEZ DE LONAUTE / CCCA
STREET ADDRESS	MIAMI LAKES FL 33016			ET ADDRESS	1 330 NAV TO 33016
CITY+ST-ZIP	MIAMI DANES FL 33010	T DELETE		'-ST-ZIP	MINMI CARES, TO
TITLE		☐ DELE te	31 TITL		Change Addition
NAME			3.2 NAN		
STREET ADDRESS				ET ADDRESS	5
CITY-ST-ZIP TITLE			3.4. CIT	'-ST-ZIP	
NAME		[] DELETE	4.1 JUL		☐ Change ☐ Addition
STREET ADDRESS				∙E Et address	
CITY-\$T-ZIP					
TITLE		DELETE	4.4 CHY 5.1 TITU	-ST-ZIP	☐ Change ☐ Addition
NAME			5.2 NAM		Change Notition
STREET ADDRESS				et address	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	61 TITL		Change Addition
NAME		- -	6.2 NAM		The country of the co
STREET ADDRESS				Et address	
CITY-ST-ZIP			6.4 CITY		
14. I hereby c	ertify that the information supplied wil	th this filing does not qualify for	r the exen	ntion sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	on this annual report or supplemental	l annual report is true and accu iver or trustee empowered to e	urate and	hat my s	ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in