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May 04 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 # P97000108565 (7)

1. Corporation Name
ORINOCO U.S.A., INC.



Principal Place of Business
2200 LEMFIELD CIR. APT 202
WINTER PARK FL 32792

Mailing Address
2200 LEMFIELD CIR. APT 202
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1997

4. FEI Number
59-3498551

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 632 Helm Way E.
Suite, Apt. #, etc.

26 632 Helm Way E.
Suite, Apt. #, etc.

22 City & State
23 Casselberry, Florida

27 City & State
28 Casselberry, Florida

24 Zip Country
32707-4512

29 Zip Country
32707-4512

30

9. Name and Address of Current Registered Agent

TORO DE GAMERO, MARIA T
2200 LEMFIELD CIR, APT 202
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
Toro de Gamero, Maria T.
82 Street Address (P.O. Box Number is Not Acceptable)
632 Helm Way E.
83
84 City
Casselberry FL 85 Zip Code
32707

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

Maria T. Toro de Gamero
Signature, typed or printed name of registered agent and title is applicable

Maria T. Toro de Gamero

4-23-98
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS GAMERO, HERNAN J
CITY-ST-ZIP 2200 LEMFIELD CIR, APT 202
WINTER PARK FL 32792

TITLE ☐ DELETE
NAME D
STREET ADDRESS TORO DE GAMERO, MARIA T
CITY-ST-ZIP 2200 LEMFIELD CIR, APT 202
WINTER PARK FL 32792

TITLE ☐ DELETE
NAME D
STREET ADDRESS TORO, ARACELYS C
CITY-ST-ZIP 632 E HELMWAY
CASSELBERRY FL 32707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Maria T. Toro de Gamero*

Maria T. Toro de Gamero

CR2E034 (10/97)