
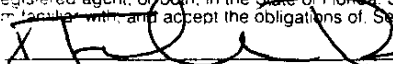


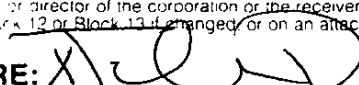
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90047 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1997 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026395			
1. Corporation Name ORION GROUP INC. ✓			
Principal Place of Business 10750 N.W. 66 ST SUITE B 410 MIAMI-FL 33178		Mailing Address 10750 N.W. 66 ST. SUITE B410 MIAMI-FL 33178	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	3/20/98	
22	27	4. FEI Number	4b. Applied For
City & State	City & State	65-0821280	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip		
24	29	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution	
25	30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FABIAN DIAZ 10750 N.W. 66 ST. SUITE B 410 MIAMI-FL 33178		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:  Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	11.2 NAME	11.1 TITLE	11.2 NAME
P/S/D	FABIAN DIAZ		
	10750 N.W. 66 ST # B 410		
	MIAMI-FL 33178		
11.3 STREET ADDRESS	11.4 CITY - ST - ZIP	11.3 STREET ADDRESS	11.4 CITY - ST - ZIP
12.1 TITLE	12.2 NAME	12.1 TITLE	12.2 NAME
12.3 STREET ADDRESS	12.4 CITY - ST - ZIP	12.3 STREET ADDRESS	12.4 CITY - ST - ZIP
13.1 TITLE	13.2 NAME	13.1 TITLE	13.2 NAME
13.3 STREET ADDRESS	13.4 CITY - ST - ZIP	13.3 STREET ADDRESS	13.4 CITY - ST - ZIP
14.1 TITLE	14.2 NAME	14.1 TITLE	14.2 NAME
14.3 STREET ADDRESS	14.4 CITY - ST - ZIP	14.3 STREET ADDRESS	14.4 CITY - ST - ZIP
15.1 TITLE	15.2 NAME	15.1 TITLE	15.2 NAME
15.3 STREET ADDRESS	15.4 CITY - ST - ZIP	15.3 STREET ADDRESS	15.4 CITY - ST - ZIP
16.1 TITLE	16.2 NAME	16.1 TITLE	16.2 NAME
16.3 STREET ADDRESS	16.4 CITY - ST - ZIP	16.3 STREET ADDRESS	16.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were 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 I am not a person named in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  FABIAN DIAZ 4/30/99 (305) 820-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR