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CORI	PORATION AL REPORT 1999		Katheri Secretar	ne Harris ry of State CORPORATIONS	- FILE	Sh.
DOCUN 1. Corporation	MENT # p9	8000068823	•		99 OCT 21	
- 1	WESTON ORLAN	NDO FIVE, INC	2.			·
Principal Place			iling Address		SECRETARY TALLAHASSEE	OF STATE FLORIDA
983 N. NOB HILL PLANTATION FL			n. Nob Hill RD. Ntation FL 33324		28	
					DO NOT WRITE IN 3. Date incorporated or Qualified 08–06–98	THIS SPACE
2. Principal Pla	ace of Business	2a. 26	Mailing Address		4. FEI Number 65 - 095 - 38/4	2 Applied For Not Applicable
Suite, Apt. #	#. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		<u> </u>	City & State		6, Election Campaign Financing	\$5.00 May Be
Zip	Count	7y 29	Zip	Country	Trust Fund Contribution 8. This corporation owes the current year Personal Property Tax.	Added to Fees ar Intangible □ Yes □ No
		ess of Current Regist		81 Name	10. Name and Address of New Registe	
Ι. τ	PABLO MARULA	NT)			dress (P.O. Box Number is Not Acceptable)	
	983 N. Nob H		••	83		
F	Plantation,	Fl 33324		84 City		85 Zip Code
11. Pursuant to	o the provisions of Sec	tions 607.0502 and 60	7.1508, Florida Statute			FLI
office or re-	gistered agent, if both	a, in the State of Florida	 Such change was au Section 607 0505. Flor 	uthorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as registered
1	1-10		3300000 307.4500) 7 10.	NO STATUTES.	10.	14.99
SIGNATURE	Signature, typed or prefited name	a of registered agent and little if	applicable (NOTE:	Registered Agent signature requi	red when reinstaing) CAT	14.99
SIGNATURE	Signature, typed or prefited name		applicable (NOTE:	Registered Agent signature requi	and when reinstang) ADDITIONS/CHANGES TO OFFICER:	14.99
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or prefited name	a of registered agent and little if	applicable (NOTE: CTORS	13. 1.1 TITLE DO. 12 NAME 1.3 STREET AOORESS	ADDITIONS/CHANGES TO OFFICERS D.O. PABLO MARULANDA 983 N. NOBHILL Rd.	S AND DIRECTORS IN 12
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October 14, 1999

Department of State
Division of corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

As per our telephone conversation of today, I would like to request the acceptance of the annual report filings made by as on April 30^{th} . For that porpoise I am enclosing copies of the corrected annual report filing and its payment. (6 X \$150.00 = \$900.00)

On April 30, 1999. We filed the annual report for the following corporations without the required payment. As stated by your office, you had replied to us, to the address of record but unfortanly we did not get them or got lost in our office.

WESTON ORLANDO HOTEL, INC.

P98000068335

WESTON ORLANDO PARK, INC.

P98000068333

WESTON ORLANDO FIVE, INC.

P98000068823

AMERILOAN MORTGAGE CORP

G69819

STRATA CORP.

P97000031807

I.D.I. ORANGE, ONC.

P95000086777

I want to thank you in advance for your cooperation to this matter.

Cordially,

Pablo Manulanda