2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUSI	NESS REPOR	(I (OBK)		FILE	)	
DOCUMENT #088000075481					00 0CT 26 /		
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ORRO INVESTMENTS INC.					SEERE DAKY OF STATE  THE GATE BOOK OF STATE		
Principal Place of Business Mailing Address					THE ENGLANCER	, recition	
75 VALENCIA AVENUE 75 VALENCIA A			AVENUE	1			
4TH FLOOR 4TH FLOOR							
CORAL G	GABLES, FL 33134	CORAL GABLES	s, FL 331	.34			
2. Principal Place of Business 3. Mailing Address							
SAME AS ABOVE Suite, Apt. #, etc.		SAME AS ABOVE  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite, Apr. 1	#, etc.	`			4. FEI Number Applied For		
City & State		City & State			-0870305	Not Applicable	
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New Registered		
	O. Hamo unia		Name	S VIII	LANUEVA		
Street Address					s (P.O. Box Number is Not Acceptable)		
DE LA PENA, VILLANUEVA & BAJANDAS LLP [75 VALE]					A AVENUE		
601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131			4TH E	FLOOR			
MITHMIT,	IT 22121	City		GABL	.es <b>Fi</b>	Zip Code 33134	
8. The above	named entity submits this statemen	for the purpose of changing	g its registered offic	e or register	ed agent, or both, in the State of Flori		
		,					
CARLOS VILLANUEVA 10/25/00							
SIGNATURE	Signature, typed or printed name of regist				gnature required when reinstating)	DATE	
Tax filing re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Payab	II FEE IS \$150.00 00 Fee will be \$5 le to Departmen	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		IONS/CHANGES TO OFFICERS AN		
TITLE	PD	Delete	title Namé	PD	GA WEFFE, JESUS	Change Addition	
NAME STREET ADDRESS	ORTEGA WEFFE JE 75 VALENCIA AVENUE		STREET ADDRESS		LENCIA AVENUE, 4TH	FLOOR	
CITY - ST - ZIP	CORAL GABLES, F		CITY - ST - ZIP	CORA	L GABLES, FL 331	34	
TITLE	S	X Delete	TITLE	S		Change Addition	
NAME		710111121127			VILLANUEVA, CARLOS 75 VALENCIA AVENUE, 4TH FLOOR		
STREET ADDRESS CITY - ST - ZIP	POI BETCEETE VEI DETAG' 215 102		CITY - ST - ZIP	CORA	LENCIA AVENUE, 4TH I L GABLES, FL 331	34	
TITLE	MIAMI, FL 33131	Delete	TITLE	00141	<u> </u>	Change Addition	
NAME		L.J	NAME		60000344	01955	
STREET ADDRESS	:		STREET ADDRESS CITY - ST - ZIP		-11/02/00	nini3no7 T	
CITY - ST - ZIP		Delete	TITLE		****758.		
TITLE NAME			NAME				
STREET ADDRESS			STREET ADDRESS			T IY / as	
CITY - ST - ZIP			CITY - ST - ZIP	1 1 2 2	AND NO STREET OF THE PARTY OF T	Change   Addition	
TITLE		Delete	TITLE NAME	1 2 2 5	HO I PA BERROLL	Addition Addition	
NAME STREET ADDRESS			STREET ADDRESS			:	
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		Delete	TITLE			Change Addition	
NAME	}	_	NAME STREET ADDRESS			ļ	
STREET ADDRESS CITY - ST - ZIP	1		STREET ADDRÉSS CITY - ST - ZIP				
12 I boroby of	1 ertify that the information supplied wi	ith this filing does not qualify	for the exemption :	stated in Sec	ction 119.07(3)(i), Florida Statutes. I fu	irther certify that the	
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11	1 or Block 12 if changed, or on an at	achment with an address, w	vith all other like em	powered.			
SIGNAT	URE		ARLOS VIL		VA 10/25/0030	5-377-0812	
, <del>-</del> . 77 11	CICNATURE AND TYPE	D OR PRINTED NAME OF SIG	NING OFFICER OF D	IRECTOR	Date	Daytime Phone #	