

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL -6 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098255

1. Corporation Name

ORION TECHNICAL SOLUTIONS, INC.

Principal Place of Business

920 NORTHEAST 95TH STREET  
MIAMI SHORES, FL 33138

Mailing Address

920 NORTHEAST 95TH STREET  
MIAMI SHORES, FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

65-0876951

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 3016 NW 82ND AVE.

Suite, Apt. #, etc.

2a. Mailing Address

26 3016 NW 82ND AVE.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

Country

24 33122

25 USA

27 City & State

28 MIAMI, FL

Zip

Country

29 33122

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

81 Name

JOSEPH H. HUPPERT

82 Street Address (P.O. Box Number is Not Acceptable)

11440 N. KENDALL DR.

83

SUITE 201

84 City

MIAMI

FL

85 Zip Code

33176

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 607.0507 Florida Statutes.

SIGNATURE

*Joseph H. Huppert*

(NOTE: Registered Agent signature required when reinstating)

*July 6, 1999*

12. OFFICERS AND DIRECTORS

TITLE \* PD ☐ DELETE

NAME PEREZ, JUAN L

STREET ADDRESS 920 NORTHEAST 95TH STREET

CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE \* VD ☐ DELETE

NAME HERNANDEZ, FRANCISCO

STREET ADDRESS 920 NORTHEAST 95TH STREET

CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE \* VD ☒ DELETE

NAME FORTES, HECTOR

STREET ADDRESS 920 NORTHEAST 95TH STREET

CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE \* ST ☒ DELETE

NAME DE LOS RIOS, REBECA S

STREET ADDRESS 920 NORTHEAST 95TH STREET

CITY-ST-ZIP MIAMI SHORES, FL 33138

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 VD ☒ Change ☐ Addition

12 NAME PEREZ, JUAN L

13 STREET ADDRESS 3016 NW 82ND AVENUE

14 CITY-ST-ZIP MIAMI, FL 33122

2.1 TITLE VD ☒ Change ☐ Addition

22 NAME HERNANDEZ, FRANCISCO

23 STREET ADDRESS 3016 NW 82ND AVENUE

24 CITY-ST-ZIP MIAMI, FL 33122

3.1 TITLE ☐ Change ☐ Addition

32 NAME 500002931575--6

33 STREET ADDRESS -07/14/99--01098--015

34 CITY-ST-ZIP \*\*\*158.75 \*\*\*158.75

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

52 NAME DIAMOND, SIDNEY M

53 STREET ADDRESS 3016 NW 82ND AVENUE

54 CITY-ST-ZIP MIAMI, FL 33122

6.1 TITLE ☐ Change ☒ Addition

62 NAME STD

63 STREET ADDRESS COSCULLUELA, JOSE

64 CITY-ST-ZIP 3016 NW 82ND AVENUE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(b), 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, with all other like empowered

SIGNATURE:

*July 6, 1999*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JUN 99

305 599 2772

CR2E034 (11/98)



25 June, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Tyrone Scott  
Document Specialist

Subject: Orion Technical Solutions, Inc.  
P98000098255


Dear Mr Scott:

Thank you for your assistance in providing a copy of our Annual Report.

As per our previous conversation, we had mailed our completed report along with payment on 07 April 1999 and never received our Certificate of Status.

We are enclosing a additional report and payment in order to avoid any late fees.

Thank you for your assistance.

  
Sidney Diamond