

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90102 008 ***150.00

DOCUMENT # P98000098698

1. Corporation Name

ORSA INTERNATIONAL, CORP.

Principal Place of Business

Mailing Address

10240 SW 56 STREET
SUITE 115
MIAMI FL 33165

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SUITE 115
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1998

4. FEI Number

65-0877325

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

2. Principal Place of Business

21 7468 Universal Blvd

Suite, Apt. #, etc.

City & State

23 Orlando FL

Zip Country

24 32819 25

2a. Mailing Address

26 7468 Universal Blvd

Suite, Apt. #, etc.

City & State

28 Orlando FL

Zip Country

29 32819 30

9. Name and Address of Current Registered Agent

SADOVSKY, SEBASTIAN
2347 SW 177 AVE.
MIRAMAR FL 33029

Please correct.

10. Name and Address of New Registered Agent

81 Name SEBASTIAN SADOVSKY

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

83 446 WATER STREET

84 City Celebration

FL

85 Zip Code 34747

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SADOVSKY, SEBASTIAN
STREET ADDRESS 2347 SW 177 AVE.
CITY-ST-ZIP MIRAMAR FL 33029

TITLE SD ☒ DELETE

NAME SIMPSON, RICARDO P
STREET ADDRESS 2347 SW 177 AVE.
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 SEBASTIAN SADOVSKY ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 446 WATER STREET
1.4 CITY-ST-ZIP Celebration FL 34747

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME CLAUBER CURVAO LOPES
2.3 STREET ADDRESS 4840 CASON COVE DR #203
2.4 CITY-ST-ZIP Orlando FL 32811

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, with all other like empowered.

SIGNATURE: X

CLAUBER LOPES
SECRETARY

3/10/99

407-248-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

023735