

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

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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S60820** (5)
1. Corporation Name
ORLANDO 1992, INC.

Principal Place of Business

**3034 S.W. 100TH CT.
MIAMI FL 33165-2829**

Mailing Address

**3034 S.W. 100TH CT.
MIAMI FL 33165-2829**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0364981		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOTO, LORENZO
3034 S.W. 100TH CT.
MIAMI FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 of registered agent and filer applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. NAME SOTO, LORENZO		11. TITLE	
12. STREET ADDRESS 3034 S.W. 100TH CT.		12. NAME	
13. CITY-STATE-ZIP MIAMI FL		13. STREET ADDRESS	
		14. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. NAME		21. TITLE	
22. STREET ADDRESS		22. NAME	
23. CITY-STATE-ZIP		23. STREET ADDRESS	
		24. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
31. NAME		31. TITLE	
32. STREET ADDRESS		32. NAME	
33. CITY-STATE-ZIP		33. STREET ADDRESS	
		34. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
41. NAME		41. TITLE	
42. STREET ADDRESS		42. NAME	
43. CITY-STATE-ZIP		43. STREET ADDRESS	
		44. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
51. NAME		51. TITLE	
52. STREET ADDRESS		52. NAME	
53. CITY-STATE-ZIP		53. STREET ADDRESS	
		54. CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
61. NAME		61. TITLE	
62. STREET ADDRESS		62. NAME	
63. CITY-STATE-ZIP		63. STREET ADDRESS	
		64. CITY-STATE-ZIP	

14. I do 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 13 or both, as changed, or on an attachment with an address.

SIGNATURE:

(Signature of Lorenzo Soto)

3.13.97

205-559-8961

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CR2E034 (9/96)