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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V39477

(7)

ORVA, INC. Principal Place of Business Mailing Address 1245 NW 199 STREET

FILED Apr 08 1997 8:00am Secretary of State

1245 NW 199 STREET MIAMI FL 33169		1245 NW 199 STR MIAMI FL 33169-27						
						3. Date Incorporated or Qualified 05/27/1992	3a. Date of Las 05/20/199	
2. Principal Place of	Business	2a. Mailing Addres	SS	-	,ii/81811.1J/	4. FEI Number	<u> </u>	Applied For
21		26				65-0336590		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, 6	itc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible tax unde	r s. 199.032,
24	25	29	30				Yes 🗌 No	
	Name and Address of Cu	rrent Registered Agent		Ţ		10. Name and Address of New Re-	gistered Agent	
ORTIZ, HE	FCTOR H.			81	Name			
1245 NW				82	Ctroot Add	ress (P.O. Box Number is Not Acceptab	io)	
MIAMI FL				83	Street Addi	ess (P.O. box Number is Not Acceptab		
				63		e d ⁱ		
				84	City		FL	ip Code
office or receptor	ead agont or both in the S	0502 and 607.1508, Florida tale of Florida. Such chang bligations of, Section 607.0	e was authoriz	ad hu	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered
SIGNATURE	e typed or printed name of registers	Legant and try if and cable	(NOTE: Register	ed Aor	nt signature requi	red when reinstating)	DATE	
12.		AND DIRECTORS	13		in organico o rodor	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE DPS		☐ DEL		TITLE			☐ Chan	
	riz, Hector H.			NAME				
404	5 NW 199 ST.				ADDRESS			
2.31.5	MI FL			CITY-S				
CITY - ST - ZIP MIA	WIN 7 L	DEL		TITLE	1-217	10 00 00 00 00 00 00 00 00 00 00 00 00 0	☐ Chan	pe Addition
i				NAME				
NAME					ADDRESS			
STREET ADOPESS								
CHTY-ST-ZIP THLE		DEL		CITY-:	51-ZIP		Chan	e Addition
NAME				NAME				
					ADDRESS			
STREET ADDRESS								
CHY+S1+2IP TITLE		DEL		CITY-:	51-211		Chan	ne Addition
				NAME				
NAME					ADDRESS			
STREET ACORESS								
CHY-ST ZIP		☐ DE4		CITY-S TITLE	or- ZIP		Chan	ge Addition
TITLE		_		NAME			tand Title	4 - 4
NAME					ADDOTES.			
STREET ADDRESS					ADDRESS			
CITY-ST ZIF		DEI		CITY-S TITLE	01 - ZIP		Chan	ge Addition
TOLE		<u> </u>				•.	C Vilan	a+ Linealion
NAME				NAME				
STREEL ADDRESS					ADORESS			
CHY-St-20°		oplied with this filing does n		CITY-5	31 - ZIP			

Inscrimentation increased on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of Lam an afficer or director of the corporation of 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 as an all by ment with an address.

SIGNATURE:

02-28-9) 308-683-1054