

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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90100 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F35030

1. Corporation Name
ORION MORTGAGE & FINANCE CORP.



Principal Place of Business
ORION INVESTMENT & MANAGEMENT LTD CORP
9000 SW 152 ST SUITE 106
MIAMI FL 33256
US

Mailing Address
% ORION INVESTMENT & MANAGEMENT
P.O. BOX 560607
MIAMI FL 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

3. Date Incorporated or Qualified
05/08/1981

4. FEI Number
59-1845874

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

9. Name and Address of Current Registered Agent
SANZ, JOSEPH A.
200 S. BISCAYNE BLVD., SUITE #4910
MIAMI FL FL 33131

10. Name and Address of New Registered Agent
 81 Name **SANZ, Joseph A**
 82 Street Address (P.O. Box Number is Not Acceptable) **9000 SW 152 St #106**
 83
 84 City **MIA** 85 Zip Code **FL 33256**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANZ, JOSEPH A.	
STREET ADDRESS	200 S BISCAYNE BLV #4910	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUHRMASTER, NORMAN J.	
STREET ADDRESS	200 S BISCAYNE BLV #4910	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HATTLER, RICHARD MCA	
STREET ADDRESS	200 S. BISCAYNE BLD 4910	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANZ, Joseph A	
1.3 STREET ADDRESS	9000 SW 152 St #106	
1.4 CITY-ST-ZIP	MIA FL 33156	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Buhrmaster, Norman J.	
2.3 STREET ADDRESS	9000 SW 152 St #106	
2.4 CITY-ST-ZIP	MIA FL 33156	
3.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hattler, Richard McA	
3.3 STREET ADDRESS	9000 SW 152 St #106	
3.4 CITY-ST-ZIP	MIA FL 33156	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sanz **Sanz, Joseph A** Date: **3/19/99**

CR2E034 (11/98)