

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL 21 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P32705 (6)**  
1. Corporation Name  
**ORION INTERNATIONAL TECHNOLOGIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**6501 AMERICAS PARKWAY N.E.  
SUITE 200  
ALBUQUERQUE, NEW MEXICO 87110  
BE**

3. Date Incorporated or Qualified **02/05/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **85-0274166** Applied For  Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIOS, MIGUEL, JR.  
5600 MINTON RD., NW  
PALM BAY FL 32907**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P, D</b>
NAME	<b>RIOS, MIGUEL, JR.</b>
STREET ADDRESS	<b>10087 LOS CANSADOS, NW</b>
CITY, ST, ZIP	<b>ALBUQUERQUE NM</b>
TITLE	<b>V, D</b>
NAME	<b>ZAPANTA, ALBERT</b>
STREET ADDRESS	<b>3811 MORRIS DRIVE</b>
CITY, ST, ZIP	<b>ANNANDALE VA</b>
TITLE	<b>S, D</b>
NAME	<b>DE RIOS, MARIA</b>
STREET ADDRESS	<b>10087 LOS CANSADOS, NW</b>
CITY, ST, ZIP	<b>ALBUQUERQUE NM</b>
TITLE	<b>T, D</b>
NAME	<b>APODACA, A.A.</b>
STREET ADDRESS	<b>6800 ARROYO DEL OSO, NE</b>
CITY, ST, ZIP	<b>ALBUQUERQUE NM</b>
TITLE	<b>Director</b>
NAME	<b>Rice, John R.</b>
STREET ADDRESS	<b>322 Hermosa SE</b>
CITY, ST, ZIP	<b>Albuquerque, NM</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	<b>V, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	<b>S, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	<b>T, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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.

SIGNATURE:

*Miguel Rios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 July 95  
Date

881-2500  
Telephone Number

CR2E094 (3/95)