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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000004307 (5)**

1. Corporation Name
DUNBAR INVESTMENTS N.V. CORP.

Principal Place of Business	Mailing Address
% ORION INVESTMENT & MGMT. LTD. CORP. 9100 S. DADELAND BLVD., #1810 MIAMI FL 33156	% ORION INVESTMENT & MGMT. LTD. CORP. 9100 S. DADELAND BLVD., #1810 MIAMI FL 33156-7814

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business	2a. Mailing Address
21 Orion Inv. & Mgmt Corp	26 Orion Inv. & Mgmt Corp
Suite, Apt. #, etc. 22 9000 SW 152 St #106	Suite, Apt. #, etc. 27 9000 SW 152 St #106
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33157 / 25 USA	Zip / Country 29 33157 / 30 USA

4. FEI Number: 59-2010725 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANZ, JOSEPH A
ORION INV. & MNGMT. LTD. CORP.
9100 S. DADELAND BLVD., #1810
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: SANZ, JOSEPH A. ORION INV & Mgmt CORP
82 Street Address (P.O. Box Number is Not Acceptable): 9000 SW 152nd St #106
83
84 City: Miami FL 85 Zip Code: 33157

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PERUCCHI, FIORENZO 9100 S. DADELAND BLVD., #1800 MIAMI FL 33156 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SANZ, JOSEPH A 9100 S. DADELAND BLVD., #1800 MIAMI FL 33156 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRES 2/27/97 305-278-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #