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1996 AUG 15 PM 3: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
Sandra B. Mathamy, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004308 (3)**
1. Corporation Name
LARISTAN PROPERTIES N.V. CORP.

Principal Place of Business: % EUGENE L. MANN. ESO. 12920 SW 81ST ST. MIAMI FL 33183 US
Mailing Address: % EUGENE L. MANN. ESO. 12920 SW 81ST ST. MIAMI FL 33183 US

2. Principal Place of Business: 21 c/o Pavia & Harcourt, Suite Apt. #, etc. 22 600 Madison Ave., 12th Fl. City & State: 23 New York, NY Zip: 24 10022 Country: 25
2a. Mailing Address: 26 c/o Pavia & Harcourt, Suite Apt. #, etc. 27 600 Madison Ave., 12th Fl. City & State: 28 New York, NY Zip: 29 10022 Country: 30

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2285930 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
**MANN, EUGENE L
12920 SW 81ST ST.
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1502a, 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jean Schreier* 8/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1. TITLE: D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CORTI, ALBERTO		12. NAME: Alberto Corti	
STREET ADDRESS: P O BOX 62, CH-6903		13. STREET ADDRESS: Via Al Ponte 9	
CITY-STATE-ZIP: LUGANO 3 SW		14. CITY-STATE-ZIP: 6900 Massagno, SWITZERLAND	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2. TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MANN, EUGENE L		22. NAME: George M. Pavia	
STREET ADDRESS: 12920 SW 81ST ST.		23. STREET ADDRESS: 600 Madison Ave., 12th Fl.	
CITY-STATE-ZIP: MIAMI FL 33183		24. CITY-STATE-ZIP: New York, NY 10022	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		32. NAME: Maureen Massa	
STREET ADDRESS:		33. STREET ADDRESS: 600 Madison Ave., 12th Fl.	
CITY-STATE-ZIP:		34. CITY-STATE-ZIP: New York, NY 10022	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-STATE-ZIP:		64. CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied in this filing is of initial, furnished and does not qualify for the exemption stated in Section 119.07(5)(g), 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 from an annual report with an address.

SIGNATURE: *George M. Pavia* GEORGE M. PAVIA 8/1/96 212 980-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*rsd
8/15/96*