**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

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PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F93000004306 (7)**

1. Corporation Name

**PARNASOS PROPERTIES N.V. CORP.**

ENTERED
3-12-96
PM

Principal Place of Business

**% ORION INVESTMENT & MGMT. LTD. CORP.**
**9100 S. DADELAND BLVD., #1810**
**MIAMI FL 33156**

Mailing Address

**% ORION INVESTMENT & MGMT. LTD. CORP.**
**9100 S. DADELAND BLVD., #1810**
**MIAMI FL 33156**

3. Date Incorporated or Qualified: **09/22/1993**

3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-1975536** ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1916, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | BUCCIANTI, ARNALDO | | 2 NAME | |
| STREET ADDRESS | 9100 S. DADELAND BLVD., #1800 | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 4 CITY-ST-ZIP | |
| TITLE | VP | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | SARAFIS, NIKOLAOS | | 2 NAME | |
| STREET ADDRESS | 9100 S. DADELAND BLVD., #1800 | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | SANZ, JOSEPH A | | 2 NAME | |
| STREET ADDRESS | 9100 S. DADELAND BLVD., #1800 | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2 NAME | |
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| TITLE | | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2 NAME | |
| STREET ADDRESS | | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental attachment to this report is true, accurate and complete. I understand 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 added to the report with an effective date.

**SIGNATURE:** _____ 3/12/96 305-670-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #