

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

PROFIT CORPORATION ANNUAL REPORT 1996

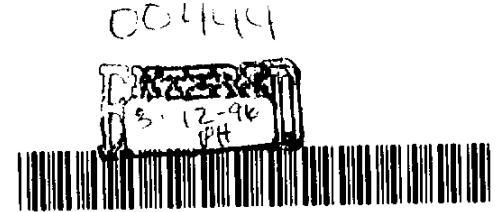


FLORIDA DEPARTMENT OF STATE
Sandra E. Moore
Secretary of State
DIRECTOR, CORPORATIONS

DOCUMENT # F93000005384 (3)

1. Corporation Name

LESINA INVESTMENTS N.V.



Principal Place of Business: **C/O ORION INVESTMENT & MANAGEMENT LTD. 9100 S. DADELAND BLVD. #1810 MIAMI FL 33156**

Principal Address: **C/O ORION INVESTMENT & MANAGEMENT LTD. 9100 S. DADELAND BLVD. #1810 MIAMI FL 33156**

2. Principal Place of Business (21) State: Apt. #, etc. (22) City & State (23) Zip (24) Country (25) 9. Name and Address of Current Registered Agent (26) Mailing Address (27) State: Apt. #, etc. (28) City & State (29) Zip (30) Country

3. Date of Incorporation or Qualification: **11/29/1993**

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

4. FEI Number: **65-0274947**

5. Capital of State: **\$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

10. Name and Address of New Registered Agent

**SANZ, JOSEPH A
9100 S. DADELAND BLVD. #1810
MIAMI FL 33156**

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0600 and 607.0601, Florida Statutes, the above named corporation hereby certifies the 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 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	13.	TITLE	
NAME	CHIANTERA, DR. VITO	14.	NAME	
STREET ADDRESS	C/O ORION INV. & TRUST LTD.	15.	STREET ADDRESS	
CITY, ST, ZIP	GENEVA, SWITZERLAND	16.	CITY, ST, ZIP	
TITLE	D	17.	TITLE	
NAME	COVENANT MANAGERS N.V.	18.	NAME	
STREET ADDRESS	P.O. BOX 6	19.	STREET ADDRESS	
CITY, ST, ZIP	CURACAO, NETHERLANDS ANTILL	20.	CITY, ST, ZIP	
TITLE	D	21.	TITLE	
NAME	SANZ, JOSEPH A.	22.	NAME	
STREET ADDRESS	9100 S DADELAND BLVD PHI	23.	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24.	CITY, ST, ZIP	
TITLE		25.	TITLE	
NAME		26.	NAME	
STREET ADDRESS		27.	STREET ADDRESS	
CITY, ST, ZIP		28.	CITY, ST, ZIP	
TITLE		29.	TITLE	
NAME		30.	NAME	
STREET ADDRESS		31.	STREET ADDRESS	
CITY, ST, ZIP		32.	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information reported to the Department of State is true and correct. I further certify that the information included on this report is supplemental information and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation. I have not previously been convicted by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Changes to the information reported with this report.

SIGNATURE: *Joseph A. Sanz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 305-670-8400

CR2E034 (12/95)