

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am  
Secretary of State

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: % 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 33156-7814

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

2. Principal Place of Business: 21 Orion Inv. 3 Mgmt Corp, Suite, Apt #, etc. 22 9000 SW 152st #106, City & State: 23 Miami, FL, Zip: 24 33157, Country: 25 USA  
2a. Mailing Address: 26 Orion Inv. 3 Mgmt Corp, Suite, Apt #, etc. 27 9000 SW 152st #106, City & State: 28 Miami, FL, Zip: 29 33157, Country: 30 USA  
4. FEI Number: 59-2010725  
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.  
82 Street Address (P.O. Box Number is Not Acceptable): ORION INV & MGMT CORP 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

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: \_\_\_\_\_ DATE: 2/27/97 DAYTIME PHONE: 305-278-8400

CR2E034 (9/96)