

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

**FILED**

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

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

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	Applied For
21 Orion Inv. & Mgmt Corp	26 Orion Inv. & Mgmt Corp	59-2010725	Not Applicable
22 9000 SW 152st #106	27 9000 SW 152st #106	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Miami, FL	28 Miami, FL	<b>6. Election Campaign Financing</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33157 25 USA	29 33157 30 USA	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81 Name</b>	SANZ, JOSEPH A.
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	ORION INV & MGMT CORP 9000 SW 152nd St #106
<b>83</b>	
<b>84 City</b>	MIAMI
<b>85 Zip Code</b>	FL 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:** \_\_\_\_\_ **2/27/97 305-278-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)