

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

FILED
Mar 04 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F93000004306 (7)
 1. Corporation Name
PARNASOS PROPERTIES 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 |
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|---|--|
| 3. Date Incorporated or Qualified 09/22/1993 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 59-1975536 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---------------------------|---------------------------|
| 2. Principal Place of Business 21. Orion Inv. & Mgmt Corp Suite, Apt. #, etc. 22. 9000 SW 152 St #106 City & State 23. Miami, FL Zip 24. 33157 | 2a. Mailing Address 26. Orion Inv. & Mgmt Corp Suite, Apt. #, etc. 27. 9000 SW 152 St #106 City & State 28. Miami, FL Zip 29. 33157 | Country 25. USA | Country 30. USA |
|---|--|---------------------------|---------------------------|

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|--|--|
| 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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code |
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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 | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> DELETE |
| NAME BUCCIANTI, ARNALDO | |
| STREET ADDRESS 9100 S. DADELAND BLVD., #1800 | |
| CITY - ST - ZIP MIAMI FL 33156 | |
| TITLE VP | <input type="checkbox"/> DELETE |
| NAME SARAFIS, NIKOLAOS | |
| STREET ADDRESS 9100 S. DADELAND BLVD., #1800 | |
| CITY - ST - ZIP MIAMI FL 33156 | |
| TITLE S | <input type="checkbox"/> DELETE |
| NAME SANZ, JOSEPH A | |
| STREET ADDRESS 9100 S. DADELAND BLVD., #1800 | |
| CITY - ST - ZIP MIAMI FL 33156 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 reported 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: *[Signature]* **2/27/97 305-278-8400**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)