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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004306

1. Corporation Name
PARNASOS PROPERTIES N.V. CORP.

Principal Place of Business % ORION INVESTMENT & MGMT. LTD. CORP. 9000 SW 152 ST #106 MIAMI FL 33157 US	Mailing Address % ORION INVESTMENT & MGMT. LTD. CORP. 9000 SW 152 ST #106 MIAMI FL 33157 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/22/1993	Applied For Not Applicable
4. FEI Number 59-1975536	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	9000 SW 152 St # 106
84 City	Miami
85 Zip Code	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

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	
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	9000 SW 152 St #106
1.4 CITY-ST-ZIP	Miami FL 33157
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9000 SW 152 St #106
2.4 CITY-ST-ZIP	Miami FL 33157
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9000 SW 152 St #106
3.4 CITY-ST-ZIP	Miami FL 33157
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 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, with all other like empowered.

SIGNATURE: Joseph A. Sanz **JOSEPH A. SANZ** 2/22/99 305-278-8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)