

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 039 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

4. FEI Number

59-1975536

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BUCCIANI, ARNALDO
STREET ADDRESS 9100 S. DADELAND BLVD., #1800
CITY-ST-ZIP MIAMI FL 33156

TITLE VP ☐ DELETE

NAME SARAFIS, NIKOLAOS
STREET ADDRESS 9100 S. DADELAND BLVD., #1800
CITY-ST-ZIP MIAMI FL 33156

TITLE S ☐ DELETE

NAME SANZ, JOSEPH A
STREET ADDRESS 9100 S. DADELAND BLVD., #1800
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9000 SW 152 ST #106
1.4 CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9000 SW 152 ST #106
2.4 CITY-ST-ZIP MIAMI FL 33157

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 9000 SW 152 ST #106
3.4 CITY-ST-ZIP MIAMI FL 33157

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)

0230880