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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 # F93000005384 (3)

1. Corporation Name

LESINA INVESTMENTS N.V.



Principal Place of Business

C/O ORION INVESTMENT & MANAGEMENT LTD.
9100 S. DADELAND BLVD. #1810
MIAMI FL 33156

Mailing Address

C/O ORION INVESTMENT & MANAGEMENT LTD.
9100 S. DADELAND BLVD. #1810
MIAMI FL 33156-7814

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0274947

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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 Country
25 USA

2a. Mailing Address

26 C/O ORION INV. MGMT.
Suite, Apt. #, etc.

27 9000 SW 152 St #106
City & State

28 Miami FL
Zip

29 33157 Country
30 USA

9. Name and Address of Current Registered Agent

SANZ, JOSEPH A
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

84 City

FL

85 Zip Code

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 types for particular types of registered agents and their appointors.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D CHIANTERA, DR. VITO DELETE

NAME C/O ORION INV. & TRUST LTD.
STREET ADDRESS GENEVA, SWITZERLAND
CITY-ST-ZIP

TITLE D COVENANT MANAGERS N.V. DELETE

NAME P.O. BOX 6
STREET ADDRESS CURACAO, NETHERLANDS ANTILL
CITY-ST-ZIP

TITLE D SANZ, JOSEPH A. DELETE

NAME 9100 S DADELAND BLVD PH
STREET ADDRESS MIAMI FL
CITY-ST-ZIP

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME Change Addition

13 STREET ADDRESS Change Addition

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY-ST-ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

305-278-8400

Daytime Phone #

CR2E034 (9/96)