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P96141

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ENTERED
3-12-96
PM

DOCUMENT # **P04396** **(8)**

1. Corporation Name

POLOMAR CORPORATION N.V.

Principal Place of Business

% ORION INVESTMENT & MANAGEMENT LTD. CORP.
9100 SOUTH DADELAND BLVD.. SUITE 1700
MIAMI FL 33156

Mailing Address

% ORION INVESTMENT & MANAGEMENT LTD. CORP.
9100 SOUTH DADELAND BLVD.. SUITE 1700
MIAMI FL 33156

3. Date Incorporated or Qualified: **12/18/1984**

3a. Date of Last Report: **04/10/1995**

4. FEI Number: **98-0072371** [ ] 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. Does corporation owe any Florida taxes? [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BROWN, B. MACKAY, ATTORNEY
7100 NORTH KENDALL DRIVE
SUITE 100
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 607.1005 and 617.1905, 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 or by a duly authorized officer if there is no board of directors. The corporation is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	AUFSEESSER, ERNST		NAME	
STREET ADDRESS	21, RUE DE MONT-BLANC		STREET ADDRESS	
CITY-ST-ZIP	GENEVA SWITZERLAND		CITY-ST-ZIP	
TITLE	MD	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	KUTTER, MARC S.		NAME	
STREET ADDRESS	21, RUE DE MONT-BLANC		STREET ADDRESS	
CITY-ST-ZIP	GENEVA SWITZERLAND		CITY-ST-ZIP	
TITLE	MD	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	HOLLAND INTERTRUST		NAME	
STREET ADDRESS	CURA CAO		STREET ADDRESS	
CITY-ST-ZIP	(CURA CAO) N.V.		CITY-ST-ZIP	
TITLE	A	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	SANZ, JOSEPH A		NAME	
STREET ADDRESS	9100 S. DADELAND BLVD.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0122, Florida Statutes. I further certify that the information indicated on this report or supplemental attachments 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 added above.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 PM

305-670-8400
Daytime Phone #