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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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

1. Corporation Name
POLOMAR CORPORATION N.V.

Principal Place of Business	Mailing Address
% ORION INVESTMENT & MANAGEMENT LTD. CORP. 9100 SOUTH DADELAND BLVD., SUITE 1700 MIAMI FL 33156	% ORION INVESTMENT & MANAGEMENT LTD. CORP. 9100 SOUTH DADELAND BLVD., SUITE 1700 MIAMI FL 33156-7817

3. Date Incorporated or Qualified: **12/18/1984**
3a. Date of Last Report: **03/28/1996**

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

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, B. MACKAY, ATTORNEY 7100 NORTH KENDALL DRIVE SUITE 100 MIAMI FL 33156	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(S) _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AUFSEESSER, ERNST	1.2 NAME	
STREET ADDRESS	21, RUE DE MONT-BLANC	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	MD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KUTTER, MARC S.	2.2 NAME	
STREET ADDRESS	21, RUE DE MONT-BLANC	2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	MD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND INTERTRUST	3.2 NAME	
STREET ADDRESS	CURA CAO	3.3 STREET ADDRESS	
CITY-ST-ZIP	(CURA CAO) N.V.	3.4 CITY-ST-ZIP	
TITLE	A ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANZ, JOSEPH A	4.2 NAME	
STREET ADDRESS	9100 S. DADELAND BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 2/27/97 305-274-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #