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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

25

CORPORATION SERVICE COMPANY

(6)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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ISIPI PROPERTIES N.V.	
Principal Place of Business	Mailing Address
L.B. SMITHPLEIN 3 CURACAO. NETHERLANDS ANTILLES	% ORION INVESTMENT AND MANAGEMENT LTD. 9000 SW 152ND STREET. SUITE 106 MIAMI FL 33157

9. Name and Address of Current Registered Agent

**FILED** May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

(599 - 9)

April 24, 1998

Yes

Not Applicable

3. Date Incorporated or Qualified

<u>03/11/1986</u>

98-0073865

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

1201 HAYS STREET TALLAHASSEE FL 32301			82	Street Address (P.O. Box Number is Not Acceptable)					
IA	EDA MOCE I E 02001		83						
			84	City	El	85	Zip C	ode	
11 Pursuant	to the provisions of Sections 607 0502 and 607 15	19 Elorida Statutos	the about	nomad	corporation submits this statement for the purpose of	لللإ			
onice or r	registered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of Sec	ich change was auti	horized by	the corr	poration's board of directors. I hereby accept the app	cnang ointmer	ng its nt as r	registered egistered	
SIGNATURE									
12.	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR:			nt signature	required when reinstating) DATE				
TITLE	MD OFFICERS AND DIRECTOR.	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Cha		S IN 12 Addition	
NAME	CORPORATE AGENTS N.V.	□ otten	1.1 DILE			Una	nge		
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO								
CITY-ST-ZIP	NETHERLANDS, ANTILLES		1.3 STREET	i					
TITLE	MD	DELETE	1.4 CITY-S 2.1 TITLE	1-ZiP		Cha		Addition	
NAME	CORPORATE ASSISTANTS & MANAGERS	_	2.1 H LE			L Cria	nge	L_1 AUGILIUI	
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO	, 14.4.	2.3 STREET	*DODGGG					
CITY-ST-ZIP	NETHERLANDS, ANTILLES								
TITLE	MD	DELETE	2 4 C TY - S 3.1 TITLE	1-ZIP		Cha		Addition	
NAME	CHAMBERS, CHRISTOPHER	<u></u>	3.2 NAME	1			ige	L YOURIO	
STREET ADDRESS	31 CARSON ROAD		3.3 STREET	ADDRESS					
CITY-ST-ZIP	LONDON, ENGLAND								
TITLE	CONSON, LINES AND	DELETE	34. CITY-S 41 TITLE	1-214		Cha	nne	Addition	
NAME			4. 2 NAME	ľ			igo		
STREET ADDRESS			4.3 STREET	ADORESS					
CITY-ST-ZIP			4.4 CITY - ST						
TITLE		DELETE	5 1 TITLE			Cha	nae	Addition	
NAME			5.2 NAME	1			9-		
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			54 CITY-ST	- ZIP					
TITLE		DELETE	61 TITLE			Chai	nge	Addition	
NAME	2		62 NAME	- 1			_		
STREET ADDRESS	//		6.3 STREET	ADDRESS					
CITY-ST-ZIP	//		6.4 CHY-ST						
14. I hereby o	ertify that the information supplied with this fiting of	es not qualify for the	ne exempt	ion state	d in Section 119.07(3)(i), Florida Statutes. I further cer	tify tha	the ir	nformation	
OHICEFOI (	uillector of the corporational the receiver of trustee	· empowered to exe	ite and tha cute this r	t my sigr eport as	nature shall have the same legal effect as if made und required by Chapter 607, Florida Statutes; and that m	ier oath ly name	i; that ∋ app∢	laman ears in	
Block 12 c	or Block 13 if changed, or on an attachment with a	activess		•			-		

Vries, as Managing Director

Country

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