## 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** 

## DOCUMENT # P09366

1. Corporation Name

ISIPI PROPERTIES N.V.

riled
May 05, 1999 8:00 am
Secretary of State
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Principal Place	of Business	iling Address				c seasonar sur mayin sesan sissa misin mini mini didir Athis didir Athis	
L.B. SMITHPLEIN 3 CURACAO. HETHERLANDS ANTILLES			% ORION INVESTMENT AND MANAGEMENT LTD. 9000 SW 152ND STREET, SUITE 106 MIAMI FL 33157			nt Ltd.	DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 03/11/1986
2. Principal Pla	lailing Address	Address			4. FEI Number Applied For		
21			26				98-0073865 Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc				5. Certificate of Status Desired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip 24	Country 25	29	<del> </del>	Countr 30			8. This corporation owes the current year Intangible Personal Property Tax
	9. Name and Address of Curre	nt Registe	red Agent		<u> </u>	<u> </u>	10. Name and Address of New Registered Agent
COD	DODATION SERVICE COMPAN	v		8	1	Name	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				8	2	Street Addr	ress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301					3		
.,	, # 1,00CC   L 0C00			}*	۱۰,		
				Ε	4	City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida jations of, S	Such change was au ection 607.0505, Flor	uthorized t rida Statut	byt es.	he corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
12.	Signature typed or printed name of registered ag OFFICERS A			13.	gent	signature require	ad when renstating)  OATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MO	HO DITEC	☐ DELETE	1 1 TITL	=	<del></del>	☐ Change ☐ Additron
NAME	CORPORATE AGENTS N.V.		_	1.2 NAM	E		
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACA	0		13 STR	EET	ADDRESS	
CITY-ST-ZIP	NETHERLANDS, ANTILLES	. •		14 CiTY-S		-ZP	
TITLE	MD		☐ DELETE	21 TITL			☐ Change ☐ Addition
NAME	CORPORATE ASSISTANTS &	MANAGE	RS, N.V.	2 2 NAM	Æ		
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACA	0		2 3 STR	EET	ADDRESS	
CITY-ST-ZIP	NETHERLANDS, ANTILLES			2.4 CIT	Y-5	T-ZIP	
TITLE	MD		☐ DELETE	31 TITL	31 TITLE		☐ Change ☐ Addilion
NAME	CHAMBERS, CHRISTOPHER			3.2 NAM	3.2 NAME		
STREET ADDRESS	31 CARSON ROAD			33 STR	33 STREET ADO		
CITY-ST-ZIP	LONDON, ENGLAND			34 CIT	34 CITY-ST-ZIF		
TITLE			□ DELETE	4 1 T(T).	€	1	☐ Change ☐ Addition
NAME				4 2 NA		İ	
STREET ADDRESS						ADORESS	
CITY-ST-ZIP			Florier	44 CIT	_	r-ZIP	
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NAME						ADDRESS	
STREET ADDRESS				53 STF		1	
CITY-ST-ZIP			☐ DELETE	6 1 TITI		,-2F	☐ Change ☐ Addition
TITLE			□ britis	62 NA			C Stange C Modulet
NAME						ADDRESS	
STREET ADDRESS				64 CIT		l	
CITY-ST-ZIP				0401	1-3	1-27	

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 process 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 or at practice with an address, with an other like empowered.

[599-9]

managing director of April 19, 1999 SIGNATURE: by:

(599-9) 4623700