2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UB P09366 DOCUMENT # 1. Entity Name ISIPI PROPERTIES N.V.

FILED 29. 2003 8:00 am § tate

50.00

R)	May 29, 2003 8
	Secretary of S
	05-29-2003 90136 008 ***5

			✓ .		/			
Principal Place of Business L.B. SMITHPLEIN 3 CURACAO. NETHERLANDS ANTILLES		Mailing Address % ORION INVESTMENT AND MANAGEMENT LTD. 9000 SW 152ND STREET. SUITE 106 MIAMI FL 33157				I FRENKROL HE BOISE JORDE IRNO BUISE OIST DIGIS	4:1 13 4:1 01 4:1 10 1	1814 1814 1861
2. Principal P	Place of Business	3. Mailing Address		<u></u>		E TROCTORE THE DRIVE IN THE LETTER BUILD HEEL BUILD	ALBIA BIBIL BEALL D	IINIE DENET INNE
			straat 6, CuraCAO					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKIN	JG CHANGES	
City & Stat	۵	City & State			- 4	I. FEI Number on OCTOBEE	- ΤΔι	oplied For
Ony & Olai		Willemstad			"	98-0073865	<u> </u>	ot Applicable
Zip				ntry	T.	5. Certificate of Status Desired	\$8.75 Ad	ditional
		Cii		acao	[]		Fee Require	
	6. Name and Address of Current	Registered Agent		<u> </u>	7	. Name and Address of New Registered	Agent	
00000	TION OFFICE COMPANY			Name				
	ATION SERVICE COMPANY			Street Addres	ss (P.O	. Box Number is Not Acceptable)		
	'S STREET						<u> </u>	
TALLAHAS	SSEE FL 32301							
				City		=	Zip Cod	le
9. The above	named antity submits this statement to	or the ourness of changin	a ite register	rad office or ragin	atorod :	agent, or both, in the State of Florida. I an		and accept
	dons of registered agent.	ir the purpose or changing	y its register	red direct or regis	stereo i	agent, or both, in the state of Florida. If an	Hairimai wiin,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature requ	uired whe	en reinstating) DATE		
	IL E MONITURE DE LO ANTO AC					1		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing		0 May Be
	Payable to Florida Department of	f State				Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11
TITLE	MD	★ Delete	TITI				Choose	Addition
NAME	CORPORATE AGENTS N.V.		NA	ME '	Cov	enant Managers N.V.		_ }
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO				veri	fstraat 6		
CITY-ST-ZIP	NETHERLANDS, ANTILLES		CIT	Y-ST-ZIP	[il]	lemstad, Curacao		
TITEE	MD	☐ Delete	TITI			, and a second	🙀 Change	☐ Addition
NAME	CORPORATE ASSISTANTS & MA	NAGERS, N.V.	: NAM					Į
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO			REET ADDRESS	ler i	fstraat 6		
CITY-ST-ZIP	NETHERLANDS, ANTILLES			Y-ST-ZIP	/il]	lemstad, Curacao —		
TITLE	MD CHAMBERS, CHRISTOPHER	☐ Delete	TITL	l l			☐ Change	Addition
NAME STREET ADDRESS	31 CARSON ROAD		NAM	REET ADDRESS				
CITY-ST-ZIP	LONDON, ENGLAND			Y-ST-ZIP				
TITLE	,	Delete	TITL	-			☐ Change	☐ Addition
NAME		Delete	NAN				☐ ondings	C Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				J
TITLE		☐ Delete	TITL	.E	-		☐ Change	Addition
NAME			NAM	ME			-	
STREET ADDRESS				EET ADDRESS				1
CITY-ST-ZIP	<u> </u>	<u></u>	CITY	Y-ST-ZIP				
TITLE		☐ Delete	, TITL	E .		·····	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Covenant Managers N.

(599-9÷