

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

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14014 (5)

1. Corporation Name
STONEVILLE CORPORATION, N.V.



Principal Place of Business % ORION INVESTMENT AND MANAGEMENT LTD CORP 9100 SOUTH DADELAND BLVD., SUITE 1700 MIAMI FL 33156	Mailing Address % ORION INVESTMENT AND MANAGEMENT LTD CORP 9100 SOUTH DADELAND BLVD., SUITE 1700 MIAMI FL 33156-7817
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3. Date Incorporated or Qualified 04/14/1987	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2746261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Orion Inv. & Mgmt Corp	26. Mailing Address Orion Inv. & Mgmt
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 FL 33157	25. Country USA
29. Zip 33157	30. Country USA

9. Name and Address of Current Registered Agent BROWN, B. MACKAY 7100 N. KENDALL DR., 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 607.0502 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 _____ (Signature of registered agent and fee applicant)
 (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME INTERTRUST, HOLLAND, NV	
STREET ADDRESS DE RUYTERKADE 58 A	
CITY- ST- ZIP CURACAO, NETHERLANDS	
TITLE D	<input type="checkbox"/> DELETE
NAME AUFSEESSER, ERNST	
STREET ADDRESS 21 RUE DU MONT BLANC	
CITY- ST- ZIP GENEVA, SWITZERLAND	
TITLE D	<input type="checkbox"/> DELETE
NAME KUTTLER, MARC S.	
STREET ADDRESS 21 RUE DU MONT BLANC	
CITY- ST- ZIP GENEVA, SWITZERLAND	
TITLE A	<input type="checkbox"/> DELETE
NAME SANZ, JOSEPH	
STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 1700	
CITY- ST- ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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: _____ (Signature of signing officer or director)
 _____ Date: **2/27/97** Daytime Phone #: **305-278-8400**

CR2E034 (9/96)