

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Susan B. Medema
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004307 (5)**

1. Corporation Name

DUNBAR INVESTMENTS N.V. CORP.

002-88



Principal Place of Business: % ORION INVESTMENT & MGMT. LTD. CORP. 9100 S. DADELAND BLVD., #1810 MIAMI FL 33156
Mailing Address: % ORION INVESTMENT & MGMT. LTD. CORP. 9100 S. DADELAND BLVD., #1810 MIAMI FL 33156

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-2010725 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SANZ, JOSEPH A
ORION INV. & MNGMT. LTD. CORP.
9100 S. DADELAND BLVD., #1810
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 Section 607.014(1)(b), Florida Statutes, this above named corporation submits the 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 corporate's board of directors, thereby accept his appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.014(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PERUCCHI, FIORENZO	
STREET ADDRESS	9100 S. DADELAND BLVD., #1800	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SANZ, JOSEPH A	
STREET ADDRESS	9100 S. DADELAND BLVD., #1800	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied which is being provided by this corporation does not equal to the information stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is complete and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the registered financial preparer of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/6/96

305-670-8400

CR2E034 (12/95)