

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005386 (8)**

1. Corporation Name
TIBEL PROPERTIES N.V.

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



3. Date Incorporated or Qualified: **11/29/1993** 3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-2225038** 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

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country:
2a. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30. Country:

g. Name and Address of Current Registered Agent: **SANZ, JOSEPH A 9100 S. DADELAND BLVD. SUITE 1810 MIAMI FL 33156**
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.002 and 607.003, Florida Statutes, the above named corporation hereby certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Said change is 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, Sections 607.002, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> OFFICER
NAME	CHIANTERA, VITO M	
STREET ADDRESS	9100 S. DADELAND BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DIRECTOR
NAME	BROWN, B. MACKAY	
STREET ADDRESS	9100 S. DADELAND BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DIRECTOR
NAME	SANZ, JOSEPH A	
STREET ADDRESS	9100 S. DADELAND BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, 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, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information provided in Block 12 is true and correct to the best of my knowledge and belief. I further certify that the information included on this annual report or supplementary annual report is true and correct to the best of my knowledge and belief. I understand that any change in the information provided in Block 12 or Block 13 that changes the corporation's name will require a new filing.

SIGNATURE: _____ DATE: **3/12/96** 305-670-8400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)