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PROFIT CORPORATION ANNUAL REPORT 1996

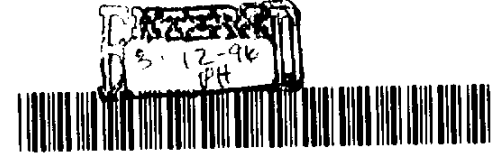


FLORIDA DEPARTMENT OF STATE Secretary of State DIRECTOR OF CORPORATIONS

DOCUMENT # **F93000005384 (3)**

1. Corporation Name

LESINA INVESTMENTS N.V.



Principal Place of Business

C/O ORION INVESTMENT & MANAGEMENT LTD. 9100 S. DADELAND BLVD. #1810 MIAMI FL 33156

Miami Address

C/O ORION INVESTMENT & MANAGEMENT LTD. 9100 S. DADELAND BLVD. #1810 MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #/Box

26 State Apt. #/Box

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SANZ, JOSEPH A 9100 S. DADELAND BLVD. #1810 MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0700 and 607.1700, Florida Statutes, the above named corporation hereby makes 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 607.0700, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Rows include D CHIANTERA, DR. VITO; D COVENANT MANAGERS N.V.; D SANZ, JOSEPH A.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Rows for additions and changes to officers and directors.

14. I do hereby certify that the information reported to the Department of State is true and correct. I further certify that the information included on this report is supplemental information provided by an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I understand that this information will be available to the public.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten date 3/6/96 and phone number 305-670-8400

CR2E034 (12/95)