

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

PROFIT CORPORATION ANNUAL REPORT 1996

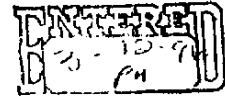


FLORIDA DEPARTMENT OF STATE
General Business
Secretary of State
DIVISION OF CORPORATIONS

00-365

DOCUMENT # 855101 (2)

1. Corporation Name
BRIGINVEST N.V.



Principal Place of Business
**% B. MACKAY BROWN, ESQ.
7100 N. KENDALL DR. SUITE 100
MIAMI FL 33156**

Mailing Address
**% B. MACKAY BROWN, ESQ.
7100 N. KENDALL DR. SUITE 100
MIAMI FL 33156**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BROWN, B. MACKAY, ESQ.
7100 N. KENDALL DR, SUITE 100
MIAMI FL 33156**

3. Date Incorporated or Qualified
12/27/1982

3a. Date of Last Report
04/10/1995

4. FID Number
59-2090174

Applied For
Not Applicable

5. Corporation 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Section 607.04(1), Chapter 607, 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 Sections 607.04(1) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORPORATE AGENTS N.V.	
STREET ADDRESS	23 PIETERMAAI, CURACAO	
CITY-STATE-ZIP	NETHERLANDS ANTILLES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIANTERA, VITO M.	
STREET ADDRESS	BUCHENWEG 1,6082 WALLDOR	
CITY-STATE-ZIP	WEST GERMANY	
TITLE	AIF	<input type="checkbox"/> DELETE
NAME	BROWN, B. MACKAY	
STREET ADDRESS	7100 N. KENDALL DR, ST100	
CITY-STATE-ZIP	MIAMI FL	
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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 resident or business empoyee. I do hereby certify the record as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addition with an addition.

SIGNATURE: *B. Mackay Brown* **ATTORNEY-AT-FACT**
B. MACKAY BROWN

3-12-96 305-670-8400

CR2E034 (12/95)