

FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.00

**APPROVED
AND
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98 MAY 19 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 855101
1. Corporation Name
BRIGINVEST N.V., a Netherlands Antilles corporation authorized to transact business in Florida

Principal Place of Business Mailing Address
C/O B. MACKAY BROWN, ESQ. C/O B. MACKAY BROWN, ESQ.
9000 SW 152 STREET 9000 SW 152 STREET
SUITE 102 SUITE 102
MIAMI, FL 33157 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
12/27/1982

4. FEI Number
59-2090174 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BROWN, B. MACKAY, ESQ.
9000 SW 152 STREET
SUITE 102
MIAMI, FL 33157

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 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/22/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORPORATE AGENTS N.V.	
STREET ADDRESS	23 PIETERMAAI, CURACAO	
CITY-ST-ZIP	NETHERLANDS ANTILLES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIANTERA, VITO M.	
STREET ADDRESS	BUCHENWEG 1, 6082 WALLDOR	
CITY-ST-ZIP	WEST GERMANY	
TITLE	AIF	<input type="checkbox"/> DELETE
NAME	BROWN, B. MACKAY	
STREET ADDRESS	9000 SW 152 STREET, SUITE 102	
CITY-ST-ZIP	MIAMI, FL 33157	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	000002532070--6
13 STREET ADDRESS	-05/21/98--01095--010
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

[Signature] 4/22/98

14. I 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 of justice 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, in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4-22-98 (305) 259-8200

CR2E034 (10/97)