

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V 62792

1. Corporation Name **McCreery Mining, Inc.**

Principal Place of Business
**848 Brickell Ave.
 Suite #200
 Miami, FL 33131**

Mailing Address
**848 Brickell Ave.
 Suite #200
 Miami, FL 33131**

2. Principal Place of Business

2a. Mailing Address

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

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

9. Name and Address of Current Registered Agent

**Berk, Arthur J.
 848 Brickell Ave.
 Suite #200
 Miami, FL 33131**

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 607.0502 and 607.1505, 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, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Date: (By the filer or registered agent)

2/3/99

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSID	Sandra Canepa	[DELETE]
NAME		3 Markham Lane	
STREET ADDRESS		Hampton, VA 23669	
CITY-ST-ZIP			
TITLE			[DELETE]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[DELETE]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[DELETE]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[DELETE]
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11 TITLE	[Change] [Add]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[Change] [Add]
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[Change] [Add]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[Change] [Add]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[Change] [Add]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[Change] [Add]
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	
71 TITLE	[Change] [Add]
72 NAME	
73 STREET ADDRESS	
74 CITY-ST-ZIP	

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 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.09(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplements, annual reports, and annual statements that are required to be filed with this report is true and correct. I am an officer or director of the corporation or the receiver or trustee of the corporation and I am a resident of the State of Florida. My name appears in Block 12 or Block 13 if changed, or on an attachment with an address, which address I have provided.

SIGNATURE: *Sandra Canepa*

10 Feb 1999 759/851-2959

CR2E034 (11/98)