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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100382 (6)

MRAG AMERICAS, INC.

FILED May 01 1998 8:00am Secretary of State



	- 			# #0011007 010 1017 0111 0111 00111 00	AMBI IRBYİ BBILL BƏLIB ILI	.UK 10410 PASA 1901
Principal Plac		Mailing Address				
5445 MARINER STREET 1500 SAN REMO AVENUE						
SUITE 317 TAMPA FL 33609-3437		SUITE 237 CORAL GABLES FL 33146-3047		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 12/12/1996		
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 5445	Mariner Street	26 12908 Air	Way Street	65-0735910		Not Applicable
Suite, Apt. #, etc. Suite, 22 Suite 303 27		Suite, Apt. #, etc.		5. Certificate of Status Desired 58.75 Additional Fee Required		
City & Stat	е	City & State		6. Election Campaign Financing	\$5.	00 May Be
23 Tampa	, Florida	28 Panama Ci		Trust Fund Contribution		ded to Fees
Zip	0-3437 Country US	32404-283	Country 3 US	8. This corporation owes or has pa	aid the current yea	r Intangible
24 33608	7-3437 ₂₅ US	29 32404-283	30 US	Personal Property Tax due June		☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
HL	JGHEY, BONNIE J		81 Name	Judith C. Young		
1500 SAN REMO AVE., SUITE 239				ol Address (P.O. Box Number is Not Acceptable) 12908 Air Way Street		
CC	DRAL GABLES FL 33146-3047		0.110017.00	12908 Air Way Str	řeet	
			83			
			04			7' Code
			84 City	Panama City,	FL 85 3	Zip Code 32404-2833
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named cor	poration submite this statement for the r	purpose of changing	na ite registered
office or a	egiste red agent, or both, in the State or in familiar with, arst accoutths obliget	f Morida. Such change was a fons of Section 607 0505. Flo	authorized by the corpora orida Statutes	tion's board of directors. I hereby acce	pt the appointmen	t as registered
	J. JIH		51100 G101010	L	1-20-9	8
SIGNATURE	Signature, typod or printed name of registered agent	and title it approable (NOTI	F Registered Agent signature requ	ired when reinstating)	DATE	0
12.	OFFICERS AND	DIRECTORS 🔾	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	TORS IN 12
TITLE	(DPST	☐ DELETE	1.1 TITLE		☐ Char	TORS IN 12 nge
NAME	BEDDINGTON, JOHN R		1.2 NAME			*
STREET ADDRESS	47 PRINCE'S GATE		1.3 STREET ADDRESS			l E
CITY-ST-ZIP	LONDON SW 7 2QA UNITED K	KINGD	1.4 CITY-ST-ZIP			<u> </u>
TITLE	V	DELETE	2.1 TITLE	<u>V</u>	Char	nge Addition O
NAME	Parkes, Graeme		2.2 NAME	Parkes, Graeme		
STREET ADDRESS	5445 Mariner Street, Suite	317	2.3 STREET ADDRESS	5445 Mariner Stre		ce 303
CITY-ST-ZIP	TAMPA FL 33609-3437		2. 4 CITY - ST - ZIP	Tampa, FL 33609-	-3437	
TITLE		DELETE	3.1 TITLE		Chan	nge Addition
NAME			3.2 NAME			Ì
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Chan	nge Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Chan	nge Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Ì
TITLE		☐ DELETE	6.1 THILE		☐ Chan	nge Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHTY - ST - ZIP			ļ
UIII-SI-EIF	postification indocumption according of with	100 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Continu 110 07/2V/V Florido Statutos I	d. with an appropriate the act	t the information

indicated on this annual report or supplied with this ning 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 suppliemental 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 or trustee 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, or on an attachment with an address.

OMATURE.