

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842059** (8)

1. Corporation Name
MRH INTERAMERICAN CORPORATION

Principal Place of Business 444 BRICKELL AVE., SUITE 404 MIAMI FL 33131	Mailing Address 444 BRICKELL AVE., SUITE 404 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1978	
4. FEI Number 59-1861989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CORPORATION CO OF MIAMI 201 S. BISCAYNE BLVD. #1500 MIAMI FL 33131		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	KROENING, RUDOLF	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SCHLOSS STRASSE 32		1.3 STREET ADDRESS	
MULHEIM-RUHR, GERMANY		1.4 CITY - ST - ZIP	
SDT	AUER, MARLIES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SCHLOSS STRASSE 32		2.1 TITLE	
MULHEIM-RUHR, GERMANY		2.2 NAME	
M	SCHAFLER, DORE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
444 BRICKELL AVE		2.3 STREET ADDRESS	
MIAMI FL		2.4 CITY - ST - ZIP	
VD	LANGER, MARSHALL J	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
43 UPPER GROSVENOR ST		3.1 TITLE	
LONDON, ENGLAND		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE: **MARSHALL J. LANGER** 1/21/98 305/379 9130

CR2E034 (10/97)