

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

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 10 AM 9: 22**

CORPORATION  
 ANNUAL REPORT  
 1995



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

DOCUMENT # **L28773** (4)  
 1. Corporation Name  
**MUTINY MANAGEMENT, INC.**

Principal Place of Business	Mailing Address
% FLORIDA REGISTERED AGENTS INC. 100 S.E. 2ND ST., 36TH FL MIAMI FL 33131	% FLORIDA REGISTERED AGENTS INC. 100 S.E. 2ND ST., 36TH FL MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/09/1989</b>	3a. Date of Last Report <b>03/23/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>% Holland &amp; Knight</b>	26 <b>% Bruce S. Colan, Esq.</b>
Suite, Apt. #, etc. 22 <b>701 Brickell Avenue, Suite 3000</b>	Suite, Apt. #, etc. 27 <b>701 Brickell Avenue, Suite 3000</b>
City & State 23 <b>Miami, FL</b>	City & State 28 <b>Miami, FL</b>
Zip 24 <b>33131</b>	Country 25 <b>USA</b>
Zip 29 <b>33131</b>	Country 30 <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA REGISTERED AGENTS INC.**  
 100 S.E. 2ND STREET, 36TH FLOOR  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name <b>Intra state Registered Agent Corporation</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>701 Brickell Avenue</b>
83 <b>Suite 3000</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33131</b>

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, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE **By: [Signature]** DATE **3/16/95**

Sign Name, typed or printed name of registered agent and 12 and 13 not applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ABELA, JOSEPH</b>
STREET ADDRESS	<b>7 AVENUE DE GRANDE BRETA</b>
CITY - ST - ZIP	<b>MC 98000, MONACO</b>
TITLE	<b>DPT</b>
NAME	<b>HADART, ROGER</b>
STREET ADDRESS	<b>7 AVENUE DE GRANDE BRETA</b>
CITY - ST - ZIP	<b>MC 98000, MONACO</b>
TITLE	<b>SVP</b>
NAME	<b>HADDAD, RIAD</b>
STREET ADDRESS	<b>7 AVENUE DE GRANDE BRETA</b>
CITY - ST - ZIP	<b>MC 98000, MONACO</b>
TITLE	<b>AS</b>
NAME	<b>COLAN, BRUCE JAY</b>
STREET ADDRESS	<b>100 SE 2ND STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Colan, Bruce Jay</b>
4.3 STREET ADDRESS	<b>701 Brickell Avenue, Suite 3000</b>
4.4 CITY - ST - ZIP	<b>Miami, FL 33131</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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)(k), 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, director, 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 of this form, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: \_\_\_\_\_

Signature of Registered Agent