

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: **C/O KNIGHT, HOLLAND 701 BRICKELL AVENUE, STE. 3000 MIAMI FL 33131 US**
Mailing Address: **C/O COLAN, BRUCE, J., ESO 701 BRICKELL AVENUE, STE. 3000 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **11/09/1989**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELA, JOSEPH	1.2 NAME	
STREET ADDRESS	7 AVENUE DE GRANDE BRETA	1.3 STREET ADDRESS	
CITY-ST-ZIP	MC 98000, MONACO	1.4 CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADART, ROGER	2.2 NAME	
STREET ADDRESS	7 AVENUE DE GRANDE BRETA	2.3 STREET ADDRESS	500001807605
CITY-ST-ZIP	MC 98000, MONACO	2.4 CITY-ST-ZIP	-05/04/96--01005--009
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDAD, RIAD	3.2 NAME	Haddad, Riad
STREET ADDRESS	7 AVENUE DE GRANDE BRETA	3.3 STREET ADDRESS	7 Avenue de Grande Breta
CITY-ST-ZIP	MC 98000, MONACO	3.4 CITY-ST-ZIP	MC 98000, Monaco
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAN, BRUCE JAY	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, STE. 3000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ Date: **11/20/96** (305) 374-8500 Daytime Phone #

CR2E034 (12/95)