

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 # 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

FILED

98 MAR 19 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/09/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				7. Additional Fee Required	
				\$8.75	
				Added to Fees	
				\$5.00 May Be	
				Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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 checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ABELA, JOSEPH		1.2 NAME	Munier, Alain M.B.			
STREET ADDRESS	7 AVENUE DE GRANDE BRETA		1.3 STREET ADDRESS	7, Avenue de Grande-Bretagne			
CITY-ST-ZIP	MC 98000, MONACO		1.4 CITY-ST-ZIP	MC 98000 Monaco			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HADART, ROGER		2.2 NAME	Kaisar, Elias Y.			
STREET ADDRESS	7 AVENUE DE GRANDE BRETA		2.3 STREET ADDRESS	7, Avenue de Grande-Bretagne			
CITY-ST-ZIP	MC 98000, MONACO		2.4 CITY-ST-ZIP	MC 98000 Monaco			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HADDAD, RIAD		3.2 NAME	Leatherland, Harvey			
STREET ADDRESS	7 AVENUE DE GRANDE BRETA		3.3 STREET ADDRESS	7, Avenue de Grande-Bretagne			
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 hereby certify that the information supplied with this filing 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 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: *Bruce Jay Colan* Bruce Jay Colan, Asst. Sec. 3/9/98

CR2E034 (10/97)