

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 11/09/1989	
4. FEI Number NOT APPLICABLE	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 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ABELA, JOSEPH
STREET ADDRESS	7 AVENUE DE GRANDE BRETA
CITY-ST-ZIP	MC 98000, MONACO
TITLE	DPT <input checked="" type="checkbox"/> DELETE
NAME	HADART, ROGER
STREET ADDRESS	7 AVENUE DE GRANDE BRETA
CITY-ST-ZIP	MC 98000, MONACO
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HADDAD, RIAD
STREET ADDRESS	7 AVENUE DE GRANDE BRETA
CITY-ST-ZIP	MC 98000, MONACO
TITLE	AS <input type="checkbox"/> DELETE
NAME	COLAN, BRUCE JAY
STREET ADDRESS	701 BRICKELL AVENUE, STE. 3000
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DP Munier, Alain M.B.
1.3 STREET ADDRESS	7, Avenue de Grande-Bretagne
1.4 CITY-ST-ZIP	MC 98000 Monaco
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DT Kaiser, Elias Y.
2.3 STREET ADDRESS	7, Avenue de Grande-Bretagne
2.4 CITY-ST-ZIP	MC 98000 Monaco
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Leatherland, Harvey
3.3 STREET ADDRESS	7, Avenue de Grande-Bretagne
3.4 CITY-ST-ZIP	MC 98000 Monaco
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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****150.00 ****150.00

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)