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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P03876

(0)

1. Corporation Name

MECORAL PROPERTIES N.V.

Principal Place of Business

%B. MACKAY BROWN, ESO.
7100 N. KENDALL DRIVE, SUITE 100
MIAMI FL 33156

Mailing Address

%B. MACKAY BROWN, ESO.
7100 N. KENDALL DRIVE, SUITE 100
MIAMI FL 33156-7883



3. Date Incorporated or Qualified
10/30/1984

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 B. MACKAY Brown
Suite, Apt. #, etc.
22 9000 SW 152 ST. #102
City & State
23 MIAMI, FL.
Zip
24 33157

2a. Mailing Address

26 B. MACKAY Brown
Suite, Apt. #, etc.
27 9000 SW 152 ST #102
City & State
28 MIAMI, FL.
Zip
29 33157

4. FEI Number

59-2452385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BROWN, B. MACKAY
ONE DATRAN CENTER #1700
9100 S. DADELAND BLVD.
MIAMI FL 33156

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

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

Signature of the corporation or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CORPORATE AGENTS N.V.	3 L.B. SMITHPLEIN	NETHERLANDS ANTILLES	<input type="checkbox"/>
D	GHEZZI, GIOVANNI	VIA CATTEDRALE 4 CH	SWITZERLAND	<input type="checkbox"/>
D	HALLEY, LUCIUS A.	3 L.B. SMITHPLEIN	NETHERLANDS ANTILLES	<input type="checkbox"/>
D	SANZ, JOSEPH A	9100 S. DADELAND BLVD., PHI	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/97

305-278-8400

CR2E034 (9/96)