


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15799** (0)
1. Corporation Name
AVORY CATLIN CORPORATION



Principal Place of Business LE FORUM - BP74 BEAUSOLEIL, FRANCE 06240	Mailing Address LE FORUM - BP74 BEAUSOLEIL, FRANCE 06240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1987	
21 Suite, Apt. #, etc.	26	4. FEI Number 65-0458397		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29	30		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	

9. Name and Address of Current Registered Agent COONEY, RICHARD W 240 SOUTH PINEAPPLE AVE #612 SARASOTA FL 34236				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 FL	

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAS VUUREN, TONY			1.2 NAME			
STREET ADDRESS	ASCOT IMS BD 74			1.3 STREET ADDRESS			
CITY-ST-ZIP	06240 NEAUSOLEIL FR			1.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN DER AUWERMEULEN, ERIC			2.2 NAME			
STREET ADDRESS	35 ACE DES PAPLINS			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONACO MC			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANOOST, NADINE			3.2 NAME			
STREET ADDRESS	8 RUE INBERTY			3.3 STREET ADDRESS			
CITY-ST-ZIP	MC 88020 MO			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANCHEZ Andres			4.2 NAME			
STREET ADDRESS	2nd floor, Torres Swiss Building, 53rd Street			4.3 STREET ADDRESS			
CITY-ST-ZIP	Marbella, El Dorado, PANAMA			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DE NAVARRO Myrna			5.2 NAME			
STREET ADDRESS	2nd floor, Torres Swiss Building, 53rd Street			5.3 STREET ADDRESS			
CITY-ST-ZIP	Marbella, El Dorado, PANAMA			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MUNOZ Marcos A.			6.2 NAME			
STREET ADDRESS	2nd floor, Torres Swiss Building, 53rd Street			6.3 STREET ADDRESS			
CITY-ST-ZIP	Marbella, El Dorado, PANAMA			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, trustee, or 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: _____

10/2/98 4332 9382 1515

CR2E034 (10/97)