


1-29-98 B 1012 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P25164 (5) 1. Corporation Name MET LIFE INTERNATIONAL REAL ESTATE EQUITY SHARES, INC.		

Principal Place of Business ONE NORTH BROADWAY SUITE 500 WHITE PLAINS NY 10601	Mailing Address ONE NORTH BROADWAY SUITE 500 WHITE PLAINS NY 10601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 ONE CALIFORNIA ST 27 SUITE 1400 28 SAN FRANCISCO, CA 29 94111 30 USA		3. Date Incorporated or Qualified 07/12/1989	
				4. FEI Number 52-1638181	
				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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	
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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	VPAT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, WILLIAM	1.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY, 5TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10601	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEHR, JOHN F	2.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY, 5TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10601	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWERTON, HERMAN H	3.2 NAME	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDON, THOMAS P JR.	4.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY, STE. 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10601	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAI, JACKSON P	5.2 NAME	
STREET ADDRESS	101 CALIFORNIA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWLEY, KEVIN M	6.2 NAME	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	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

HERMAN H. HOWERTON

1/16/98 415/678-2000

CR2E034 (10/97)