

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29466 (0)

1. Corporation Name
MINNORA PROPERTIES, INC.



Principal Place of Business C/O SCOTTIA TURST CO. (BAHAMAS) P.O. BOX N-3016 NASSAU, BAHAMAS	Mailing Address C/O SCOTTIA TURST CO. (BAHAMAS) P.O. BOX N-3016 NASSAU, BAHAMAS
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country

3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 03/28/1996
4. FEI Number 98-0048253	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANATION 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	GRAINGER, STEPHEN J.	
STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	SD	
NAME	JOHNSON, GAIL V.	
STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	TD	
NAME	TURNQUEST, PETER N.	
STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, SHEENA A.	
STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	BINGHAM, C. DIANNE	
STREET ADDRESS	P.O. BOX N-316 N/A	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C. Dianne Bingham	
4.3 STREET ADDRESS	P. O. Box N-3016 N/A	
4.4 CITY-ST-ZIP	Nassau, Bahamas	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Maria A. O'Brien	
5.3 STREET ADDRESS	P. O. Box N-3016 N/A	
5.4 CITY-ST-ZIP	Nassau, Bahamas	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **SHEENA WILSON** 3 MAR 1997 242 356 1571

CR2E034 (9/96)