


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

FILED

Feb 11 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 # P93000082643 (6) 1. Corporation Name MCEWEN MANAGEMENT INTERNATIONAL, INC.																	
Principal Place of Business 10691 N KENDALL DRIVE SUITE 210 MIAMI FL 33176			Mailing Address 10691 N KENDALL DRIVE SUITE 210 MIAMI FL 33176														
2. Principal Place of Business 21 782 WEST MONTROSE STREET Suite, Apt. #, etc.		2a. Mailing Address 26 782 WEST MONTROSE STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/02/1993													
22 City & State 23 CLERMONT, FL Zip 24 34711-2122		27 City & State 28 CLERMONT, FL Zip 29 34711-2122		3a. Date of Last Report 01/25/1996													
25 U.S.A.		30 U.S.A.		4. FEI Number 65-0454862													
9. Name and Address of Current Registered Agent M & W AGENTS, INC. 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL		85 Zip Code													
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																	
12. OFFICERS AND DIRECTORS																	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
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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: _____ 2-497 (352) 242-2335 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	



CR2E034 (9/96)