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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014992 (7)

MUTUELLES DU MANS MANAGEMENT COMPANY OF MIAMI. I

Principal Place of Business

Mailing Address

FILED Feb 13 1997 8:00am Secretary of State



(305) 461, 19.79

1/13/97

2600 1 ATLANT ATLANTA GA 3	ace of Business PONCE DE LEON BIND	C/O ROBINS. KAPLAN. MI 2600 1 ATLANTIC PL.: 950 ATLANTA GA 30326 28. Mailing Address 26 2333 PONCE Suite. Apt. #, etc.			\$9.75 Additional
22 SUITE 302.		27 SUITE 302		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 CORAL GABI	ES FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3313	Country	Zip 29 33134	Country 30 U.S.A.	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			83	ess (P.O. Box Number is Not Acceptat	
			84 City		FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Stgnature, typed or printed name of registered agent	of Florida. Such change was a tions of, Section 607.0505, Flo at and little if applicable (NOT	authorized by the corporat	oration submits this statement for the pion's board of directors. I hereby acceed when reinstating) ADDITIONS/CHANGES TO OFFICE	pt the appointment as registered
12.	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	D JOURDAIN, CLEMENT AV. FRANCISCO DE MIRAND E CARACAS 1062 VENEZUELA	D PARQUE CRISTAL	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	D SKRZYNSKI, CHARLES WERNE 19-21 RUE CHANZY 72030 LEMANS CEDEX 9 FRAI		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 City-St-Zip		☐ Change ☐ Addition
TITLE NAME STREET AODRESS		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY: ST-ZIP		[_] Change
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		☐ Change ☐ Addition
informatio	n indicated on this annual conort or s	upplemental annual report is t the receiver or trustee empoy	fy for the exemption stated true and accurate and that wered to execute this report	d in Section 119 07(3)(i), Florida Statute t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as il made under gain: fhai