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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000068291 (9)

MUTINY INVESTMENT COMPANY

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I HODATODA TAB HARAD BRITA BUTA BUTA BUTA BUTA BUTA BARAN ARRAD HARAD HA	
520 BRIČKELI SUITE 0-305 MIAMI FL 331	- -	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/15/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0696353 Not Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible
24	25 29		30		Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Freeman, Stephen A			81	Name	
) Bri ckell key drive ITE 0-305		82	Street A	Address (P.O. Box Number is Not Acceptable)
1	MI FL 33131		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 parted hame of regeneral age	of contille tappis she (NOTE	Registered Ag	ent signature	required when reinstating) DATE
12.	OFFICERS AN) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		PD X Change Addition
NAME	EICHENWALD, RICARDO		1.2 NAME	i	EICHENWALD, RICARDO
STREET ADDRESS	LMALD PL 00404				2601 SOUTH BAYSHORE DRIVE, # 1200
CITY-ST-ZIP TITLE	MIAMI FL 33131 S	DELETE	1.4 CITY- 2 1 TITLE	S1-ZIP	COCONUT GROVE, FL 33133
NAME	Freeman, Stephen A	otter	22 NAME		Change Addition
STREET ADDRESS	520 BRICKELL KEY DR, STE 0-305		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	0 000	2 4 CITY -	i	
TITLE		☐ DELETE	3 1 TITLE	Di III	, Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY -	ST - ZIP	
TITLE	☐ DELETE		4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		Louer	4.4 CITY - :	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME	r annaren	
GITY-ST-ZIP			5.3 STREE 5.4 CITY - 3	AODRESS	
TITLE		DELETE	6.1 TITLE	01. TIL	☐ Change ☐ Addition
NAME		—	6 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			6.4 CITY-5	i	
	ertify that the information supplied wi	th this filing does not qualify for			ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 por the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the ci Block 12 or Block 13 if c