


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

FILED

Jun 16 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 #P96000073121 1. Corporation Name MUTINY HOLDINGS, INC.					
Principal Place of Business 8255 S.W. 152 AVE.#101 MIAMI, FLORIDA 33193			Mailing Address 8255 S.W. 152 AVE.#101 MIAMI, FLORIDA 33193		
2. Principal Place of Business 21 8255 SW 152 AVE.#101		2a. Mailing Address 26 8255 SW 152 AVE.#101		3. Date Incorporated or Qualified AUGUST 30, 1996	
Suite, Apt. #, etc. 22 101		Suite, Apt. #, etc. 27 101		3a. Date of Last Report	
City & State 23 MIAMI, FLORIDA		City & State 28 MIAMI, FLORIDA		4. FEI Number 65-0734361	
Zip 24 33193		Country 25 USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No					
9. Name and Address of Current Registered Agent JUAN O'NAGHTEN SUITE 1100, 2665 SOUTH BAYSHORE DRIVE MIAMI FLORIDA 33133			10. Name and Address of New Registered Agent 81 Name LUIS PARAJON 82 Street Address (P.O. Box Number is Not Acceptable) 8255 SW 152 AVE. #101 83 MIAMI, FLORIDA 33193 84 City MIAMI FL 85 Zip Code 33193		
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 <i>Luis Parajon</i> LUIS PARAJON 6/9/97 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 NAME STREET ADDRESS CITY-ST-ZIP	JUAN FELIX HUARTE President 8255 SW 152 AVE. #101 MIAMI, FLORIDA 33193 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS PARAJON Secretary / Treasurer 8255 SW 152 AVE.#101 MIAMI FLORIDA 33193 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Luis Parajon</i> LUIS PARAJON 6/9/97 (305) 387-8786 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)