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 # P9600073121 (1)

MUTINY HOLDINGS, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		
8255 SW 152				
101	MAC'S IOI	8255 SW 152 AVE.#101 101		
MIAMI FL 33193		MIAMI FL 33193		DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified
2. Princinal F	Place of Business	2a. Mailing Address		08/30/1996 4. FEI Number Applied For
	MADRUGA AVENUE	26 1570 MADRU	GA AVENUE	65-0734361 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.		60 7E
200		200		5. Certificate of Status Desired Fee Required
City & State COR	ÅL GABLES, FL	CORAL GABL	ES, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
1 7in	Country	^{Zip} 33146	Country	8. This corporation owes or has paid the current year Intangible
24 3314	20	[28]	USA	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DADA JANUARIO				
PAHAJUN, LUIS			81 Name LU	JIS PARAJON
	55 SW 152 AVE.#101		82 Street Ad	S'76 (PAROXIVERY SAVENUE)
P2			B2	
MIA	MI PL 33193		St	JITE 200
			[84] City CO	ORAL GABLES FL 85 Zip Code 33146
11. Pursuant to the provisions of Soctions 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a 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 Sues Sheafon SECRETARY 01/21/98				
Signature, typed or printed name of repulsered agent and trill if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PARAJON, LUIS		1.2 NAME	S Change
STREET ADORESS	8255 SW 152 AVE.#101	,		1570 MADRUGA AVENUE #200
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D	DELETE	2.1 TITLE F	
NAME	HUARTE, JUAN F		2.2 NAME	Att -
STREET ADDRESS	8255 SW 152 AVE.#101			1570 MADRUGA AVENUE #200
CITY-SY-ZIP	MIAMI FL 33193		2 4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	-		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		[_] DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		L) DECEIE	5.1 TITLE	Change Addition
NAME CYDEET ADDRESS			5.2 NAME	
STREET ADDRESS		i	5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME .			6.2 NAME	- Change - Carrotteri
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
OTT - OT - AIF			0.10H1 01-ZR	

I 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 13 if changed, or an attack neal with an address.

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