

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002832 (2)**

1. Corporation Name
R.P. MULLER, INC.



Principal Place of Business: **C/O NICHOLAS J. DENOVIO, SUITE 2200 ONE S.E. THIRD AVE., SUNBANK INT'L CENTER MIAMI FL 33131**
Mailing Address: **C/O NICHOLAS J. DENOVIO, SUITE 2200 ONE S.E. THIRD AVE., SUNBANK INT'L CENTER MIAMI FL 33131**

3. Date Incorporated or Qualified: **06/12/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 Baker & McKenzie**
2a. Mailing Address: **26 Baker & McKenzie**

4. FET Number: **APPLIED FOR**
Applied For / Not Applicable

22 **701 Brickell Ave. S. 1600** 701 Brickell Ave. S. 1600
City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **Miami, Florida 33131** 28 **Miami, Florida 33131**
City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 **U.S.A.** 25 **U.S.A.** 29 **U.S.A.** 30 **U.S.A.**
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DENOVIO, NICHOLAS J
MITRANI, RYNOR & GALLEGOS, PA
ONE SOUTHEAST THIRD AVENUE, SUITE 2200
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Nicholas J. DeNovio, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **Baker & McKenzie**
83 **701 Brickell Ave. S. 1600**
84 City: **Miami** 85 Zip Code: **FL 33131**

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, 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]*
Signature of the State of Florida Registered Agent and Title of Agent

DATE: _____
DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HAYES, BRENDA
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200 FORT LAUDERDALE FL 33309
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, DEBORAH
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200 FORT LAUDERDALE FL 33309
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	MULLER, KEVIN
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200 FORT LAUDERDALE FL 33309
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE
NAME	MULLER, RALPH P
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200 FORT LAUDERDALE FL 33309
CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DINOVIO, NICHOLAS J
STREET ADDRESS	ONE SOUTHEAST THIRD AVENUE, SUITE 2200 MIAMI FL 33131
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	CALEDONIAN BANK & TRUST LIMITED
STREET ADDRESS	C/O D. SARGISON/ PO BOX 1043/GEORGE TOWN GRAND CAYMAN/CAYMAN ISLANDS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

000001737740
-03/08/96--01110--004 Change Addition
***208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph P. Muller 1126/96 305-789-8039
Date: _____
Daytime Phone: _____

CR2E034 (12/95)