

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002832 (2)
 1. Corporation Name
R.P. MULLER, INC.



Principal Place of Business C/O NICHOLAS J. DENOVIQ 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131	Mailing Address C/O NICHOLAS J. DENOVIQ 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131-2827
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last Report 03/08/1996
4. FEI Number APPLIED FOR 65-0591107	Applied For Not Applicable
5. Certificate of Status Desired <input 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

**DENOVIQ, NICHOLAS J
 701 BRICKELL AVE
 SUITE 1600
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HAYES, BRENDA
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, DEBORAH
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> DELETE
NAME	MULLER, KEVIN
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	P <input type="checkbox"/> DELETE
NAME	MULLER, RALPH P
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	S <input type="checkbox"/> DELETE
NAME	CALEDONIAN BANK & TRUST LIMITED
STREET ADDRESS	P.O. BOX 1043 N/A
CITY-ST-ZIP	GRAND CAYMAN/CAYMAN ISLANDS
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 _____

CR2E034 (9/96)