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	**FILED** **Apr 21 1998 8:00am** **Secretary of State**

DOCUMENT # F95000002832 (2)

1. Corporation Name

R.P. MULLER, INC.

Principal Place of Business	Mailing Address
C/O NICHOLAS J. DENOVIO 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131	C/O NICHOLAS J. DENOVIO 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0591107**	Applied For / Not Applicable
21		26			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
DENOVIO, NICHOLAS J 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131	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 _____

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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HAYES, BRENDA		1.2 NAME	Hayes, Brenda	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200		1.3 STREET ADDRESS	6116 Tera Rosa Circle	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, DEBORAH		2.2 NAME	Jones, Deborah	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200		2.3 STREET ADDRESS	c/o Brenda Hayes / 6116 Tera Rosa Circle	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MULLER, KEVIN		3.2 NAME	Muller, Kevin	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200		3.3 STREET ADDRESS	c/o Brenda Hayes / 6116 Tera Rosa Circle	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	P	☒ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MULLER, RALPH P		4.2 NAME	Muller, Ralph P.	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE, SUITE 200		4.3 STREET ADDRESS	c/o Brenda Hayes / 6116 Tera Rosa Circle	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		4.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALEDONIAN BANK & TRUST LIMITED		5.2 NAME		
STREET ADDRESS	P.O. BOX 1043 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND CAYMAN/CAYMAN ISLANDS		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Brenda Hayes   2/19/98   (561) 732-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0180425