

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

**FILED**

**Jan 24 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 # L90209 (2)**  
1. Corporation Name  
**MULCHEN CORP.**



Principal Place of Business: **POBA INT'L 339  
POST OFFICE BOX 02-5255  
MIAMI FL 33102**

Mailing Address: **POBA INT'L 339  
POST OFFICE BOX 02-5255  
MIAMI FL 33102-5255**

3. Date Incorporated or Qualified: **07/23/1990**

3a. Date of Last Report: **02/07/1996**

4. FEI Number: **65-0212053**

Applied For:  Not Applicable

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

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

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**GUTTMAN, RICHARD  
2720 CORAL WAY  
SUITE 510  
MIAMI FL 33145**

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  DELETE

NAME: **DP CALVO, JOSE**

STREET ADDRESS: **2720 CORAL WAY, STE. 510**

CITY-ST-ZIP: **MIAMI FL**

TITLE  DELETE

NAME: **DVT CALVO, MIGUEL**

STREET ADDRESS: **2720 CORAL WAY, STE. 510**

CITY-ST-ZIP: **MIAMI FL**

TITLE  DELETE

NAME: **DVS OTERO, CLARA ROSA**

STREET ADDRESS: **2720 CORAL WAY, STE. 510**

CITY-ST-ZIP: **MIAMI FL**

TITLE  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600002068746**

**-01/27/97--01007--020**

**\*\*\*165.00**

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: **CALVO, JOSE** 01/08/97 (582) 4842284

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

CR2E034 (9/96)