

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **421385** (6)

1. Corporation Name
MUELLER INDUSTRIAL DEVELOPMENT CORP.



Principal Place of Business Mailing Address
8603 S DIXIE HWY #207 SUITE 200-E MIAMI FL 33143

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country 30. Country

3. Date Incorporated or Qualified **03/16/1973** 3a. Date of Last Report **06/15/1995**
4. FEI Number **59-1448179** 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

9. Name and Address of Current Registered Agent

**METZGER, URSULA
8603 S DIXIE HWY SUITE 207
SUITE 200-E
MIAMI FL 33143**

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 607.0602 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	MUELLER, KARL	
3. STREET ADDRESS	8603 S DIXIE HWY	
4. CITY, ST., ZIP	MIAMI FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	METZGER, URSULA	
7. STREET ADDRESS	8603 S DIXIE HWY	
8. CITY, ST., ZIP	MIAMI FL	
9. TITLE	SD	<input type="checkbox"/> DELETE
10. NAME	KOENEN, WILLY	
11. STREET ADDRESS	8603 S DIXIE HWY	
12. CITY, ST., ZIP	MIAMI FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

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 Book 12 or Book 13 or on an attachment with an address.

SIGNATURE: *Karl Heinrich Mueller* **Karl Heinrich Mueller**

Feb 6th 96 *PRFSS*

CR2E034 (12/95)