

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 # **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 State, Apt. #, etc. 26 State, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> DELETE
12. NAME	PD MUELLER, KARL
13. STREET ADDRESS	8603 S DIXIE HWY
14. CITY, ST., ZIP	MIAMI FL
15. TITLE	<input type="checkbox"/> DELETE
16. NAME	D METZGER, URSULA
17. STREET ADDRESS	8603 S DIXIE HWY
18. CITY, ST., ZIP	MIAMI FL
19. TITLE	<input type="checkbox"/> DELETE
20. NAME	SD KOENEN, WILLY
21. STREET ADDRESS	8603 S DIXIE HWY
22. CITY, ST., ZIP	MIAMI FL
23. TITLE	<input type="checkbox"/> DELETE
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	
27. TITLE	<input type="checkbox"/> DELETE
28. NAME	
29. STREET ADDRESS	
30. 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	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST., ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST., ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)