

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **689041** (2)

1. Corporation Name  
**M.U. AND G.E. INVESTMENT CO.**

Principal Place of Business

**923 DOLPHIN DRIVE  
CAPE CORAL FL 33904  
US**

Mailing Address

**923 DOLPHIN DRIVE  
CAPE CORAL FL 33904-5923  
US**



2. Principal Place of Business 21 <b>1000 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 333</b> City & State <b>Coral Gables, Fla.</b> Zip <b>33134</b> Country <b>US</b>		2a. Mailing Address 26 <b>1000 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 333</b> City & State <b>Coral Gables, Fla.</b> Zip <b>33134</b> Country <b>US</b>		3. Date Incorporated or Qualified <b>09/24/1980</b>	3a. Date of Last Report <b>11/07/1996</b>
4. FEI Number <b>59-2034209</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MUTKE, MICHAEL</b> <b>923 DOLPHIN DRIVE</b> <b>CAPE CORAL FL 33904</b>				10. Name and Address of New Registered Agent B1 Name <b>KLAUS BOETTCHER</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>1000 Ponce de Leon Blvd.</b> B3 Suite, Apt. #, etc. <b>Suite 333</b> B4 City <b>Coral Gables</b> <b>FL</b> B5 Zip <b>33134</b>			
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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 *Klaus Boettcher (Klaus Boettcher)* 4-19-97  
 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	SVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUTKE, GUIDO		1.2 NAME	KLAUS BOETTCHER			
STREET ADDRESS	800 MUNICH		1.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #333			
CITY- ST- ZIP	WEST GERMANY		1.4 CITY- ST- ZIP	Coral Gables, Florida 33134			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUTKE, MICHAEL		2.2 NAME				
STREET ADDRESS	1037 DOLPHINE DR		2.3 STREET ADDRESS				
CITY- ST- ZIP	CAPE CORAL FL		2.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY- ST- ZIP			3.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY- ST- ZIP			4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY- ST- ZIP			5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY- ST- ZIP			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: *Klaus Boettcher (Klaus Boettcher)* 4-19-97 (305) 461-0006  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)