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FILED

Apr 28 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 # 689215 (2)

1. Corporation Name
M.U.G.E. INVESTMENT CORP.



Principal Place of Business

923 DOLPHIN DR.
CAPE CORAL FL 33904
US

Mailing Address

823 DOLPHIN DR.
CAPE CORAL FL 33904-5823
US

3. Date Incorporated or Qualified 09/25/1980
3a. Date of Last Report 11/08/1996

2. Principal Place of Business

21 1000 Ponce de Leon Blvd.

2a. Mailing Address

26 1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 333

Suite, Apt. #, etc.

Suite 333

City & State

23 Coral Gables, Fla.

City & State

28 Coral Gables, Fla.

Zip

24 33134

Country

25 US

Zip

29 33134

Country

30 US

4. FEI Number

59-2034101

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

MUTKE, MICHAEL
923 DOLPHIN DR.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81

Name

KLAUS BOETTCHER

82

Street Address (P.O. Box Number is Not Acceptable)

1000 Ponce de Leon Boulevard

83

Suite, Apt. #, etc.

Suite 333

84

City

Coral Gables

FL

85

Zip

33134

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, 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

Klaus Boettcher (Klaus Boettcher)

4-19-97

12. OFFICERS AND DIRECTORS

TITLE	PVSD	<input checked="" type="checkbox"/> DELETE
NAME	MUTKE, MICHAEL	
STREET ADDRESS	1037 DOLPHIN DRIVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	PPTD	<input checked="" type="checkbox"/> DELETE
NAME	MUTKE, GUIDO	
STREET ADDRESS	8000 MUNICH	
CITY - ST - ZIP	MUNICH GE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KLAUS BOETTCHER	
1.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #333	
1.4 CITY - ST - ZIP	Coral Gables, Florida 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Klaus Boettcher (Klaus Boettcher)

4-19-97 (305) 461-0006

CR2E034 (9/96)