Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90003 031 ***150.00

Addition

☐ Addition

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 689215

M.U.G.E.	INVESTMENT CORP.						
Principal Place	of Business	Mailing Address		1 (201(4 dita) tama 1002 may may		78() \$18)(4(8)) 100)	
1000 PONCE DI SUITE 333 CORAL GABLES US		1000 PONCE DE LEON BLVD SUITE 333 CORAL GABLES FL 33134 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/25/1980		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	•	26			59-2034101		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	****	5 Additional e Required
City & State		City & State		_	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
23	Country	28	Country	 -	8. This corporation owes the current year		<u>ca 15 1 555</u>
— ·		29 30			Personal Property Tax.	Yes	₽ INo
24	9. Name and Address of Curren	<u> </u>	<u>"</u>		10. Name and Address of New Registe	red Agent	
	o. Hame and Address of College		81	Name			
BOETTCHER, KLAUS 1000 PONCE DE LEON BLVD SUITE 333			82		dress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		. 84	City	'	FL 85 2	Zip Code
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ot Fiorida. Such change was auti	MONZEG DY	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing opointment a	its registered s registered
SIGNATURE				 	pired when reinstating) DATE	=	
			13.	nt signature requ	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
12.		□ DELETE	1.1 TITLE		ADDITIONOLO INTROCES TO OTT TOP IN	☐ Char	
	1 100		1.2 NAME				
NAME	BOETTCHER, KLAUS		I .	TADORESS		•	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.4 CITY-5				
CITY-ST-ZIP	CORAL GABLES FL	□ DELETE	2.1 TITLE			Char	nge Addition
NAME			2.2 NAME				
STREET ADDRESS	ree			T ADDRESS			
	'l		2. 4 CITY-				
CITY-ST-ZIP			3.1 TITLE			Char	nge Addition
NAME	•		3.2 NAME				
STREET ADDRESS			1	T ADDRESS		,	
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Char	nge Addition

14. I 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 suppliemental 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 they feetive or trieflee 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 group as attachment with an address, with all other like empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR FENTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99

305-461-0006

☐ Change

☐ Change