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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H67799**

1. Corporation Name
MUSTANG CORPORATION

Principal Place of Business Mailing Address
 1500 NW 62ND STREET 1500 NW 62ND STREET
 102 102
 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
07/18/1985
 4. FEI Number Applied For
59-2553380 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CROCQUET, MARC
 1500 NW 62ND STREET
 102
 FT LAUDERDALE FL 33309

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 607.0502 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 MARC J. CROCQUET DATE 2/23/99
Signature, typed or printed name of registered agent, and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT R.	
STREET ADDRESS	3101 N FEDERAL HWY, 6TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CROCQUET, MARC	
STREET ADDRESS	1500 NW 62ND STREET SUITE 102	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	PHILIPPE CAVENG		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	FRANCOISE CAVENG		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: MARC J. CROCQUET DATE 2/23/99 DAYTIME PHONE # (954) 9386052
SIGNATURE AND TYPED, OR PRINTED, NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)