

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67799

1. Entity Name

MUSTANG CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90401 007 ***150.00

Principal Place of Business	Mailing Address
1500 NW 62ND STREET 102 FT LAUDERDALE FL 33309 US	1500 NW 62ND STREET 102 FT LAUDERDALE FL 33309 1848 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
255 Commercial Blvd.	255 Commercial Blvd,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
200	200

City & State	City & State
Lauderdale By The Sea FL	Lauderdale By The Sea, FL

4. FEI Number	Applied For
59-2553380	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
33308-4419	Broward	33308-4419	Broward

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~CROQUET, MARG~~
~~1500 NW 62ND STREET~~
 102
~~FT LAUDERDALE FL 33309~~

7. Name and Address of New Registered Agent

Name
 Miguel San Miguel
 Street Address (P.O. Box Number is Not Acceptable)
 255 Commercial Blvd.
 Suite 200
 City
 Lauderdale By The Sea FL FL Zip Code
 33308-4419

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Miguel San Miguel* DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVENG, PHILIPPE	
STREET ADDRESS	3101 N FEDERAL HWY, 6TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CAVENG, FRANCOISE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 Commercial Blvd., Suite 200	
CITY-ST-ZIP	Lauderdale By The Sea, FL 33308-4419	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 Commercial Blvd., Suite 200	
CITY-ST-ZIP	Lauderdale By The Sea, FL 33308-4419	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Miguel San Miguel* PRES. DATE 4/20/00 DAYTIME PHONE # (954) 491-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)