# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69795 (8)

1. Corporation Name

**MUSIL OF AMERICA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7186 S.W. 47TH STREET<br>MIAMI FL 33155 | 7186 S.W. 47TH STREET<br>MIAMI FL 33155<br>c/o Yaeger & Yaeger CPAs |

| | |
|---|---|
| 2. Principal Place of Business<br>21 11420 N. Kendall Dr. | 2a. Mailing Address<br>26 11420 N. Kendall Dr. |
| Suite, Apt. #, etc.<br>22 #106 | Suite, Apt. #, etc.<br>27 #106 |
| City & State<br>23 Miami, FL 33176 | City & State<br>28 Miami, FL 33176 |
| Zip 24 33176 Country 25 USA | Zip 29 33176 Country 30 USA |

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0100741 ☐ 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

**SABITZER CHRISTIAN**
**7186 S.W. 47TH STREET**
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name: CHRISTINE M. MORENO,ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 13122 West Dixie Highway, Suite C
83
84 City: North Miami, FL 85 Zip Code: 33161

11. Pursuant to the provisions of Section 607.0502 or 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: [signature] CHRISTINE M. MORENO, ESQ., R.A. 4/24/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>MUSIL, BERNHARD<br>10 OKTOBER-STRASSE 14<br>A-9020 KLAGENFURT | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MUSIL, PETER (DR.)<br>10 OKTOBER-STRASSE 14<br>A-9020 KALGENFURT | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>UTA MUSIL<br>10 OKTOBER-STRASSE 14<br>A-9020 KALGENFURT | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M/D<br>SABITZER, CHRISTIAN<br>7186 S.W. 47TH STREET<br>MIAMI FL 33155 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | PRESIDENT<br>ENGELBERT MUSIL<br>10 Oktober Strasse 14<br>A-9020 Klagenfurt, AUSTRIA | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | VP & SECRETARY<br>MARIANNE MUSIL<br>10 Oktober Strasse 14<br>A-9020 Klagenfurt, AUSTRIA | ☐ Change ☒ Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] ENGELBERT MUSIL, PRESIDENT 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #