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May 09 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 # K69795 (8)

1. Corporation Name
MUSIL OF AMERICA, INC.

Principal Place of Business	Mailing Address
11420 N. KENDALL DR. #106 MIAMI FL 33176 US	11420 N. KENDALL DR. #106 MIAMI FL 33176-1039 US

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 C/O YAEGER, YAEGER, CPA's
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

CHRISTINE M. MORENO , ESQ.
13122 WEST DIXIE HIGHWAY, SUITE C
NORTH MIAMI FL 33161

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 ______________________
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	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUSIL, BERNHARD		1.2 NAME	
STREET ADDRESS	10 OKTOBER-STRASSE 14		1.3 STREET ADDRESS	
CITY-ST-ZIP	A-9020 KLAGENFURT		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MUSIL, PETER (DR.)		2.2 NAME	
STREET ADDRESS	10 OKTOBER-STRASSE 14		2.3 STREET ADDRESS	
CITY-ST-ZIP	A-9020 KALGENFURT		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	UTA MUSIL		3.2 NAME	
STREET ADDRESS	10 OKTOBER-STRASSE 14		3.3 STREET ADDRESS	
CITY-ST-ZIP	A-9020 KALGENFURT		3.4 CITY-ST-ZIP	
TITLE	M/D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SABITZER, CHRISTIAN		4.2 NAME	
STREET ADDRESS	7166 S.W. 47TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MUSIL, ENGELBERT		5.2 NAME	
STREET ADDRESS	10 OKTOBER STRASSE 14		5.3 STREET ADDRESS	
CITY-ST-ZIP	A-9020 KLAGENFURT AU		5.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MUSIL, MARIANNE		6.2 NAME	
STREET ADDRESS	10 OKTOBER STRASSE 14		6.3 STREET ADDRESS	
CITY-ST-ZIP	A-9020 KLAGENFURT AU		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] CPA for Rebecca Musil Pessoa 4/30/97 (305)228-4066