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 # P33104 1. Corporation Name

J. MULLER INTERNATIONAL USA - CORPORATION

Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
1424 PIEDMONT DRIVE EAST		1424 PIEDMONT DRIVE EAS	Γ					
#100		#100	•		DO NOT WRITE IN THIS SPACE			
TALLAHASSEE	FL 32312-2942	TALLAHASSEE FL 32312-294 US	2		DO NOT WRITE IN THIS SPACE			
us us					 Date Incorporated or Qualified 03/11/1991 			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	
21 26		26			33-0337209	Not	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional guired	
22		- 27						
City & State		City & State			6. Election Campaign Financing	7 7 11 7 1		
		28	Zip Country		Trust Fund Contribution		o rees	
Zip			_	У	8. This corporation owes the current year Intangible Personal Property Tax.			
24	25 29 30		10		Personal Property Tax. Light Yes Yino 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Registered Agent	- A	1 Name	IV. Name and Address of New Registered	Agent	 -j	
CT CORPORATION SYSTEM			ľ	Name				
1200 S. PINE ISLAND ROAD			82 Stree		Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			8	3		•		
			8	4 City	FL	85 Zip C	ode	
						shanaina ita	rogistored	
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 reinstatung) DATE								
12.		AND DIRECTORS	13.	eur eignerere	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	CD	X DELETE	1.1 TITLE			☐ Change	Addition	
NAME	DINIS, ANTONIO	//-	1.2 NAME		Director Pierre Lescaut			
	9444 BALBOA AVE., #200			- Et address				
STREET ADDRESS			1.4 CITY-		250 Park Avenue South		į	
CITY-ST-ZIP	D DEGO CA	DELETE 2.1 TI			New York, New York 10003	K Change	Addition	
TITLE	DINIS. ANTONIO	22 N			·	A	_	
NAME	,			='	250 Park Avenue South		į	
STREET ADDRESS	VIII 21 - 21 - 11 - 11 - 11 - 11 - 11 - 1			ET ADDRESS			ĺ	
CITY-ST-ZIP	SAN DIEGO CA			-ST-ZIP	New York, New York 10003	- Channa	- Y Addition	
TITLE	A DELETE 3.11		3.1 TITLE		Director Henri Gilliet	. C. J Childrigo	A	
NAME	riodit, Statica		3.2 NAME		250 Park Avenue South		}	
STREET ADDRESS	9444 BALBOA AVE			ET ADDRESS			ŀ	
CITY-ST-ZIP	SAN DIEGO CA		3.4. CITY		New York, New York 10003	V	Addition	
TITLE			4.1 TITLE			Change	☐ Addition	
NAME	MULLER, JEAN		4. 2 NAM	E	050 5			
STREET ADDRESS	9444 BALBOA AVE #200		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MONTIGNY, FRANCE		4.4 CITY	ST-ZIP	New York, New York 10003			
TITLE	D	☐ DELETE	5.1 TITLE		<u> </u> -	Change	Addition	
NAME	MARCAIS, BERTRAND		5.2 NAME	■	250 Bank Avanua South			
STREET ADDRESS	9444 BALBOA AVENUE - STI	E 200	5.3 STRE	ET ADDRESS	250 Park Avenue South			
CITY-ST-ZIP	SAN DIEGO CA 92123		5.4 CITY-	ST-ZIP	New York, New York 10003			
	0.4.0.00							
TITLE	V. 41 V. 10	☐ DELETE	6.1 TITLE		Chief Executive Officer	Change	— X Addition	
		☐ DELETE	6.1 TITLE 6.2 NAME		Pierre Lescaut	☐ Change	★ Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	6.2 NAME			☐ Change	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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90035 027 ***158.75