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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000065312 (9) 1. Corporation Name D L MUHA, INC.					
Principal Place of Business 9854 NW 6TH COURT PLANTATION FL 33324		Mailing Address 9854 NW 6TH COURT PLANTATION FL 33324		# SOUTHOUSE THE FOUND STATE BOSHS OF HIS ONLY OF STATE OXIDE HINDS 11010 11010 1101 (1601)	
				3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 03/31/1995
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0443429	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032, ☑ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
MUHA, DEBORAH 9854 NW 6TH COURT			ddress (P.O. Box Number is Not Acceptable)		
PLANTAT	TION FL 33324		83		Int I 70 Code
			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.050 of agent, or both, in the State of Flo n, and accept the obligations of, Se	rida. Such change was authori	zed by the corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the app	rpose of changing its registered office pintment as registered agent. I am
or registere familiar with SIGNATURE:	of agent, or both, in the State of Fic n, and accept the obligations of, Se signature, typed or printed name of registered age OFFICERS A	orida Such change was authorication 607.0505, Florida Statute ent and tris Lapplicable (N. ND DIRECTORS	zed by the corporation's boa's. OTE Registered Agent signature require. 13.	ard of directors. I hereby accept the app	ointment as régistered agent. I am DATE. ICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this fiting 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 unde 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (954)452-0903
Depter Prone #