PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90034 021 ***150.00

DOCUMENT # P95000089506

1. Corporation Name

MUI'S BROTHERS, INC.

1,,,								
Principal Place	of Business	Mailing Address						
6757 W 4TH AV	/E	6757 W 4TH AVE						
HIALEAH FL 33012 HIALEAH FL 33012					DO NOT	WRITE IN THIS:	PDACE.	
US US					3. Date Incorporated or Qual		3FACE	
					11/20/1995	illea		
2. Principal Pl	ace of Business	2a. Mailing Addres	S		4. FEI Number		App	olied For
21		26			65-0736861		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desire	ed 📋	\$8.75 A	
22		27		5. Certificate of Status Desire		Fee Re	quired	
City & State	e	City & State			6. Election Campaign Finance	cing 🖸	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the	current year Inta		_
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of N	ew Registered A	Agent	
100	DO 1441			81 Name	MIII BO MAN	N		l
	BO MAN			82 Street Ad	dress (P.O. Box Number is Not Ac	ceptable)	.1 44 %	-
	NW 117 TERRAGE				18999 BISER	NE ISTY	1. #Z	05
HAL	EAH GARDENS FL 33016			83	Ammina 1	To DISA	22	186
-				84 City	THEKNUTCH,	WHUST	85 Zip C	rode
1				84 City /	•	FL	103 2.00	,000
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the at	ove-named co	rporation submits this statement for	r the purpose of o	changing its	registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change	was authorized	by the corpora	ition's board of directors. I hereby a	accept the appoin	itment as reg	gistered
ayeni. 1 ai	m animar with, and accept the oblig)	oo, i londa olale		•	3116	199	
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable.	(NOTE: Registered	Agent signature requ	aired when reinstating)	DATE	• - /	— \
	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	(NOTE: Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
SIGNATURE 12.			13.				D DIRECTO	RS IN 12
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNAL SIGNAL SIGNING OFFICER OR DIRECTOR

3/16/99 Date 3/16/99 CR2F034 /11/9