

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000096874 (9)**

1. Corporation Name  
**MURO, INC.**



Principal Place of Business  
**1111 LINCOLN RD., SUITE 500  
MIAMI BEACH FL 33139**

Mailing Address  
**1111 LINCOLN RD., SUITE 500  
MIAMI BEACH FL 33139**

3. Date Incorporated or Quoted <b>12/21/1995</b>	3a. Date of Last Report <b>n/a</b>
4. FEI Number <b>65-0628996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M  
1111 LINCOLN RD., SUITE 500  
MIAMI BEACH FL 33139**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0509 and 607.1509, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, ROLF G</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, MARILYN M</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, PETER C</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, R. ERIC</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, KRISTINA K</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THYRRE, ALEC G</b>	
STREET ADDRESS	<b>C/O 499 N.W. 79TH AVE., STE. 105 PLANTATION FL 33317</b>	
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 treasurer 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 of this report or on an attachment with an address.

SIGNATURE: *Rolf G. Thyrrer*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rolf G. Thyrrer, Director**

2-20-96 305/665-6729

CR2E034 (12/95)