

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 10 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 # 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 33139-2491**

**3. Date Incorporated or Qualified**  
**12/21/1995**

**3a. Date of Last Report**  
**02/28/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**24** Country

**28** Zip

**29** Country

**4. FEI Number**

**65-0628996**

**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**

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

**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**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>1.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>
<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>2.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>
<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>3.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>
<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>4.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>
<b>5.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>5.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>
<b>6.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	<b>2 LEUCADENDRA DRIVE</b>
<b>6.4 CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33156</b>

**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 or changed, or on an attachment with an address.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**ROLF G. THYRRE D 3-1-97 305/665-6729**

CR2E034 (9/96)