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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000063399 (5) DOCUMENT #

MULLER & SONS, CORP.

FILED May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
6555 NW 36T Miami FL 331	th 8t. . Ste. 215 1 6 6	6555 NW 36TH ST., STE, 215 MIAMI FL 33166			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
6 Deinainal Di	lace of Business	20 Mailing Address	2a. Mailing Address			07/29/1996 4. FEI Number Applied For
21	Ide of Dusiness	26				65-0695888 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$0.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
MULLER, LUIS				٠	INGILIE	
	55 NW 36TH ST., STE. 215			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
MV	AMI FL 33166			83	 	
				84	City	FL 85 Zip Code
11. Pursuant to the options of Specions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered to the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with the corporation of the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with the corporation of the corpo						
SIGNATURE	Signature, typed or printed name of register stage	n) and tells if applicable (NI	OTF Benislerer	ri Ano	on signalure rec	quired when reinstating) DATE
12.	OFFICERS AM		13.	o ngo	in signatura req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1.1 30	TLE		Change Addition
NAME	MULLER, LUIS		1.2 NA	AME		
STREET ADDRESS	6555 NW 36TH ST., STE. 21	5	1.3 51	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CI	TY-S	ST-ZIP	
TITLE	DVT	☐ DELETE	2.1 10	TLE		☐ Change ☐ Addition
NAME			2.2 N/	AME		∞ ∴ ``1
STREET ADDRESS	6555 NW 36TH ST., STE. 219	5	2.3 \$1	TAEET	ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33166	0/1/7/		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TI			Change Addition
NAME			3.2 N/			
STREET ADDRESS					ADDRES\$	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C 4.1 Ti		ST-ZIP	Change Addition
NAME			4.2 N			Spend
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	5.1 TI		7.17	Change Addition
NAME			5.2 N/	AME		
STREET ADDRESS			5.3 S1	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	17 - S	61 - ZIP	
TITLE		☐ DELETÉ	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME	ĺ	
STREET ADDRESS			6.3 \$1	TREET	FADDRESS	
CITY-ST-ZIP			6.4 CI	ITY-S	ST-ZIP	
14. I hereby of indicated	certify that the information supplied w on this annual resort or supplements	rith this filing does not qualify al annual report is true and a	/ for the exe	emp d th	ition stated i at my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an
officer or	director of the contributions at the rece	civer or trustee empowered to chment with an address.	lo execute f	this	report as re	equired by Chapter 607, Florida Statutes; and that my name appears in