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

Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000070801 (1)

**FILED** 

MUH INDUSTRIES, INC.							]					
Principal Plac	e of Business	Mailing /	Mailing Address					i radistadi isa sania dinir danir aanis Aditti b	ALITE HOMEN MANNE IN	(Is Beigl	ii ii (Eli	
14861 NE 201 NORTH MIAM			14861 NE 20TH AVE. NORTH MIAM! FL 33181					DO NOT WRITE IN	THIS SPACE			
								3. Date Incorporated or Qualified 08/23/1996				
21	lace of Business	26						4. FEI Number 65 - 08293 APPLIED FOR		Not	olied For Applicable	
Suite, Apt.	#, etc.	Suite,	Suile, Apt. #, etc.					5. Certificate of Status Desired		<b>75</b> Ad	dditional juired	
City & Stat	e	· ·	City & State					Election Campaign Financing     Trust Fund Contribution		.00 N ded to	May Be Fees	
Zip 24	Country 25	Zφ		Countr 30				8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Curre	29		30				10. Name and Address of New Regis				
		III Heğisteren i	WARIT	-+	81	Name		10. Name and Address of New Negla	tereu Agent			
	elbendorf, Bernard 381 Ne 20th Ave.			L	82		Addres	s (P.O. Box Number is Not Acceptable)				
NO	RTH MIAMI FL 33181											
					B4	City			FL 85	Zip Co	ode	
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 registere 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										registered egistered		
SIGNATURE Signature: typod or printed drains of registered agent and title if any liceation (NOT). Registered Agent signature required when reinstaturg)  DATE												
12.		VD DIRLCTORS		13.	Ager	nt signature	16QUPBO	ADDITIONS/CHANGES TO OFFICER		TODE	-IN 10	
TITLE	D OF ICERS AI	VD DINLCTORS	DELETE 1.11		F	Т	l	ADDITIONS/CHANGES TO OFFICER	☐ Cha		Addition	
NAME	GHELBENDORF, BERNARD				1.2 NAME					1,90	- / 100/10/17	
STREET ADDRESS	14861 NE 20TH AVE.				1.3 STREET ADDRESS							
CITY-ST-ZIP	NORTH MIAMI FL 33181				1.4 CITY-ST-ZIP							
TITLE	0				2.1 TITLE				Cha	nge	☐ Addition	
NAME	GHELBENDORF, JEANA		2		2.2 NAME							
STREET ADDRESS	44544 117 44711 4177		2.35		2.3 STREET ADDRESS						i	
CITY-ST-ZIP	NORTH MIAMI FL 33181			2. 4 CIT	Y-S	T-ZIP						
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CITY-ST-ZIP				3.4 CIT	Y-8	1-ZIP						
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STREET ADDRESS						ADDRESS						
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NAME				5.2 NAM		4000000						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	5.4 CIT		1-211			☐ Cha	nne	Addition	
NAME			OLLEN	6.1 1116 6.2 NAM					018	,g.,		
STREET ADDRESS				1		AUDBree						
CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 City-St-Zip								
S111 21 4F	<del></del>			0.4 011	ان	112					<del></del>	

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 effort 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 contraction 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 16 if the 161, or on an attachment with an address.