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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 04, 1999 8:00 am Secretary of State 05-04-1999 90012 038 ***150.00

FILED

DOCUMENT # P980000 89145 1. Corporation Name

1 4				_		
Mueller Exclusive USA INC						
Principal Place of Business Mailing Address ,				_		
6294	Bolin Dolm	or- 3520 Bell	o Vista D	ALE AST		
6294 BahiA Del Mar 3520 Belle Vista Dei CIR#114 ST. Pete, Boach.				DO NOT WRITE IN THIS SPACE		
3				3. Date Incorporated or Qualifed		
12T Ke	te, FL 33715	FLORIDA	- 33706	10-19-98		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		lied For
21 26 26				59-354137		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	□ \$8.75 Ac	I
City & State City & State			6. Election Campaign Financing	\$5.00 N	May Be	
23		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the curren	t year Intangible	
24	25	29 36	<u> </u>	Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent	94 1	10. Name and Address of New Re	gistered Agent	
		_	81 Name	NHA HONSE	2 <u> </u>	
See attactled				iress (P.O. Box Number is Not Acceptable	e)	
	=			20 Belle M	STA DR &	<u></u>
Letter			83			
			84 City	1. 7. 1	85 Zip Co	ode j
44 D		002 - 4 007 1500 51-51- 01-61-	STE	ete BCH	FL S	706
office or a	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change was auth	the above-named con orized by the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept t	irpose of changing its re the appointment as regi	egistered stered
h .		officins of, Section 607.0505, Florida	a Statutes.			
SIGNATURE	Signature broad or printed source of the same	Set and title if applicable (NOTE: Bo	gistored Agent signature sequire	2 duban reinstating)	7-13-99	
	Signature, typed or printed name of pustered ag		gistered Agent signature require	oo mion ramaaang)	J-13-99 DATE CERS AND DIRECTOR	S IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of the signature. OFFICERS A Secretary T	ND DIRECTORS RELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of the strip age of the	ND DIRECTORS REQUESTER RECEITE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	
12.	Signature, typed or printed name of the strip age of the	ND DIRECTORS REQUESTER RECEITE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	
12. TITLE NAME	Signature, typed or printed name of the stript as OFFICERS A SECRETARY TERES TO BRITE	ND DIRECTORS REGISTRE DELETE 2R NY DR SO, #1603	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE HUNGEL BEILE VIS	CERS AND DIRECTOR Change HA DRE	Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of the stript as OFFICERS A SECRETARY TERES TO BRITE	ND DIRECTORS REQUESTER RECEITE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR Change HA DRE	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of the stript as OFFICERS A SECRETARY TREATOR TREATOR SOLD BRITTE STREATOR FL	ND DIRECTORS REGISTRE DEFETE REGISTRE DEFETE REGISTRE DE SO, #1603 33715-1509	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE HUNGEL BEILE VIS	CERS AND DIRECTOR Change HADRE L33701	☐ Addition
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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: 4

SIGNATURE 400 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)