FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 5-1-96 B. 6293 C

DOCUMENT # 820212 (9)

1. Corporation Name

MILWHITE, INC.

Principal Place of Business	Mailing Address
12539 CUTTEN ROAD HOUSTON TX 77066	P.O. BOX 690149 HOUSTON TX 77269

3. Date Incorporated or Qualified: 02/06/1967
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 74-0787350 ☐ 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

PENNINGTON, CARL R. JR.
325 KNOX RD SUITE L 101
TALLAHASSEE FL 32303

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCS	☐ DELETE	1.1 TITLE	VCS	☒ Change ☐ Addition
NAME	LLAGOSTERA, DOMINGO J		1.2 NAME	GARZA, CELINA D.	
STREET ADDRESS	7307 TORQUAY		1.3 STREET ADDRESS	5718 ARNCLIFFE	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	HOUSTON TX	
TITLE	PDC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DE LEON III, ARMANDO		2.2 NAME		
STREET ADDRESS	6791 RIAL COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DE LEON C, ARMANDO		3.2 NAME		
STREET ADDRESS	APARTADO POSTAL NO. 6		3.3 STREET ADDRESS		
CITY-ST-ZIP	APODACA, N.L., MEXICO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DE LEON, ALBERTO		4.2 NAME		
STREET ADDRESS	APARTADO POSTAL # 6		4.3 STREET ADDRESS		
CITY-ST-ZIP	APODACA, N.L. MEXICO		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE LEON, ISMAEL		5.2 NAME		
STREET ADDRESS	APARTADO POSTAL NO 6		5.3 STREET ADDRESS		
CITY-ST-ZIP	APODACA N		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DE LEON, MAURICIO		6.2 NAME		
STREET ADDRESS	APARTADO POSTAL NO 6		6.3 STREET ADDRESS		
CITY-ST-ZIP	APODACA N L ME		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Celina Garza CELINA D. GARZA VICE PRESIDENT 4/11/96 713/440-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #