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May 16 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 # **820212** **(9)**

1. Corporation Name
MILWHITE, INC.

Principal Place of Business	Mailing Address
12539 CUTTEN ROAD **HOUSTON TX 77066**	**P.O. BOX 680149** **HOUSTON TX 77269-0149**

3. Date Incorporated or Qualified: **02/06/1967**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 **7050 PORTWEST DR**	26 **7050 PORTWEST DR**
Suite, Apt. #, etc. 22 **SUITE 190**	Suite, Apt. #, etc. 27 **SUITE 190**
City & State 23 **HOUSTON TX**	City & State 28 **HOUSTON TX**
Zip: 24 **77024** Country: 25 **USA**	Zip: 29 **77024** Country: 30 **USA**

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	10. Name and Address of New Registered Agent
PENNINGTON, CARL R. JR. **325 KNOX RD SUITE L 101** **TALLAHASSEE FL 32303**	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**VCS**	☒ DELETE	11 TITLE	FINANCE MANAGER	☐ Change ☒ Addition
NAME	**GARZA, CELINA D**		12 NAME	CONCEPCION, ARNOLDO	
STREET ADDRESS	**5718 ARNCLIFFE**		13 STREET ADDRESS	7810 ANTOINE	
CITY-ST-ZIP	**HOUSTON FL**		14 CITY-ST-ZIP	HOUSTON TX	
TITLE	**PDC**	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	**DE LEON III, ARMANDO**		22 NAME		
STREET ADDRESS	**6791 RIAL COURT**		23 STREET ADDRESS	5535 FIELDWOOD	
CITY-ST-ZIP	**HOUSTON TX**		24 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**DE LEON C, ARMANDO**		32 NAME		
STREET ADDRESS	**APARTADO POSTAL NO. 6**		33 STREET ADDRESS		
CITY-ST-ZIP	**APODACA, N.L., MEXICO**		34 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	**DE LEON, ALBERTO**		42 NAME		
STREET ADDRESS	**APARTADO POSTAL # 6**		43 STREET ADDRESS		
CITY-ST-ZIP	**APODACA, N.L. MEXICO**		44 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	**DE LEON, ISMAEL**		52 NAME		
STREET ADDRESS	**APARTADO POSTAL NO 6**		53 STREET ADDRESS		
CITY-ST-ZIP	**APODACA N**		54 CITY-ST-ZIP		
TITLE	**D**	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	**DE LEON, MAURICIO**		62 NAME		
STREET ADDRESS	**APARTADO POSTAL NO 6**		63 STREET ADDRESS		
CITY-ST-ZIP	**APODACA N L ME**		64 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/97 713/881-1200