

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006544 (7)
 1. Corporation Name
OXBOW MINING, INC.



Principal Place of Business 1601 FORUM PLACE, SUITE P2 WEST PALM BEACH FL 33401	Mailing Address 1601 FORUM PLACE, SUITE P2 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1997	
21	26	4. FEI Number 65-0777162		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				85. Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ACTON, BRIAN L		1.2 NAME KOCH, WILLIAM I	
STREET ADDRESS 1601 FORUM PLACE, SUITE P2		1.3 STREET ADDRESS 1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE EV	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRITZLER, PAUL S		2.2 NAME KOHLHOFF, JAMES R	
STREET ADDRESS 7901 SOUTHPARK PLAZA SUITE 202		2.3 STREET ADDRESS 1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP LITTLETON CO 80120		2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CALLAHAN, RICHARD P		3.2 NAME SMITH, J. MICHAEL	
STREET ADDRESS 1601 FORUM PLACE, SUITE P2		3.3 STREET ADDRESS 1601 FORUM PLACE, SUITE P2	
CITY-ST-ZIP WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIPLEY, ZACHARY		4.2 NAME	
STREET ADDRESS 1601 FORUM PLACE, SUITE P2		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHERRY, BERNARD H		5.2 NAME	
STREET ADDRESS 1601 FORUM PLACE, SUITE P2		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP	
TITLE EV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, WALTER		6.2 NAME	
STREET ADDRESS HIGHWAY 133 (SOMERSET MINING COMPANY)		6.3 STREET ADDRESS	
CITY-ST-ZIP SOMERSET CO 81434		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **2/19/98 5:01-1097-301**

CR2E034 (10/97)