


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **820212** (9)
1. Corporation Name
MILWHITE, INC.

Principal Place of Business 7050 PORTWEST DR 190 HOUSTON TX 77024 US	Mailing Address 7050 PORTWEST DR 190 HOUSTON TX 77024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/06/1967	4. FEI Number 74-0787350	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired KX	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCEPTION, ARNOLDO	1.2 NAME	
STREET ADDRESS	7810 ANTOINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	PDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LEON III, ARMANDO	2.2 NAME	
STREET ADDRESS	5535 FIELDWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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

4/22/98

713/881-1200

CR2E034 (10/97)