FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:18

DOCUMENT # **G81972** **(3)**

1. Corporation Name
SANDVIK LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
896 SOUTH DIXIE HWY. CORAL GABLES FL 33146	896 SOUTH DIXIE HWY. CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1983**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business	2a. Mailing Address
21 2801 Ponce de Leon Blvd	26 2801 Ponce deLeon Blvd
Suite, Apt. #, etc. 22 Suite 860	Suite, Apt. #, etc. 27 Suite 860
City & State 23 Coral Gables FL	City & State 28 Coral Gables FL
Zip / Country 24 33134 25 U.S.A.	Zip / Country 29 33134 30 U.S.A.

4. FEI Number: **59-2513985** ☐ 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
GONAS, ROY B. 890 S. DIXIE HWY. CORAL GABLES FL 33146	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: _____ (Name of New Registered Agent) _____ (Signature of New Registered Agent) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	DC	41 TITLE	☐ Change ☐ Addition
32 NAME	PARA, JOSE	42 NAME	
33 STREET ADDRESS	VIA GUSTAVO BAZ NO. 352	43 STREET ADDRESS	
34 CITY-ST-ZIP	TLALNEPANTLA ME	44 CITY-ST-ZIP	
35 TITLE	DP	45 TITLE	DP ☒ Change ☐ Addition
36 NAME	EDELBERGER, RUDOLF	46 NAME	Edelberger Rudolf
37 STREET ADDRESS	~~896 S. DIXIE HWY~~	47 STREET ADDRESS	2801 Ponce de Leon Blvd. Ste. 860
38 CITY-ST-ZIP	~~CORAL GABLES, FL 00000~~	48 CITY-ST-ZIP	Coral Gables, Fl 33134
39 TITLE	D	49 TITLE	D ☐ Change ☒ Addition
40 NAME	~~HEDSTROM, CLAS AKE~~	50 NAME	Paul J. Hodgen
41 STREET ADDRESS	~~S-811 81 SANDVIKEN~~	51 STREET ADDRESS	1702 Nevins Road
42 CITY-ST-ZIP	~~SWEDEN~~	52 CITY-ST-ZIP	Fair Lawn, NJ 07410
43 TITLE	D	53 TITLE	☐ Change ☐ Addition
44 NAME	~~AXELSSON, AKE~~	54 NAME	
45 STREET ADDRESS	~~S-811 81 SANDVIKEN~~	55 STREET ADDRESS	
46 CITY-ST-ZIP	~~SWEDEN~~	56 CITY-ST-ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare, under penalty, that the information supplied with this filing is voluntarily furnished and 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 1 or Block 11 if changed or added by an attachment with an (*) asterisk.

SIGNATURE: Rudolf Edelberger (305)444 5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

01/60191 CP