FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

SANDVIK LATIN AMERICA, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD
SUITE 860
CORAL GABLES FL 33134
US

Mailing Address

2801 PONCE DE LEON BLVD
SUITE 860
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country 30

3. Date Incorporated or Qualified: 11/29/1983

3a. Date of Last Report: 03/31/1995

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 elected, for income tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONAS, ROY B.
890 S. DIXIE HWY.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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:

12. OFFICERS AND DIRECTORS

TITLE	DC	☒ DELETE
NAME	PARA, JOSE	
STREET ADDRESS	VIA GUSTAVO BAZ NO. 352	
CITY-ST-ZIP	TLALNEPANTLA ME	
TITLE	DP	☒ DELETE
NAME	EDELBERGER, RUDOLF	
STREET ADDRESS	2801 PONCE DE LEON BLVD., STE 8760	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	☐ DELETE
NAME	HODGEN, PAUL J	
STREET ADDRESS	1702 NEVINS ROAD	
CITY-ST-ZIP	FAIR LAWN NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Director	☐ Change ☒ Addition
2. NAME	Jarl Hansson	
3. STREET ADDRESS	2801 Ponce de Leon Blvd. Suite 860	
4. CITY-ST-ZIP	Coral Gables, FL 33134	
2. TITLE	Chairman of Board / Director	☐ Change ☒ Addition
2. NAME	David Levy	
3. STREET ADDRESS	Via Gustavo Baz #352	
4. CITY-ST-ZIP	Tlalnepantla, Mexico	
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this form or attached form, if applicable, for the purpose of Section 607.0505, Florida Statutes, I further certify that the information indicated on this form or supplemental forms, if applicable, is true and accurate and that my electronic 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 added by this amendment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

DATE