

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # **G81972** (3)

1. Corporation Name
SANDVIK LATIN AMERICA, INC.

Principal Place of Business
**2801 PONCE DE LEON BLVD
SUITE 880
CORAL GABLES FL 33134
US**

Mailing Address
**2801 PONCE DE LEON BLVD
SUITE 880
CORAL GABLES FL 33134-6920
US**

3. Date Incorporated or Qualified
11/29/1983

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

**GONAS, ROY B.
890 S. DIXIE HWY.
CORAL GABLES FL 33148**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE
NAME **PARA, JOSE**
STREET ADDRESS **VIA GUSTAVO BAZ NO. 352**
CITY-ST-ZIP **TLANEPANTLA 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 **D** ☐ DELETE
NAME **HANSSON, JARL**
STREET ADDRESS **2801 PONCE DE LEON BLVD SUITE 880**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **COBO** ☐ DELETE
NAME **LEVY, DAVID**
STREET ADDRESS **IVA GUSTAVO BAZ #352**
CITY-ST-ZIP **TLANEPANTLA ME**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 201-794-5000

CR2E034 (9/96)