SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G97588 (9)MILAGRO, INC. Principal Place of Business Mailing Address 10500 S.W. 60 ST. 10500 S.W. 60 ST. MIAMI FL 33173 MIAM! FL 33173 3. Date Incorporated or Qualified 3a. Dale of Last Report 03/30/1984 07/31/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-2480751 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 190.032 24 25 29 30 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRAVIESO, MARIO 4300 S.W. 102 AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 🔍 83 84 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 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, type-dior proced nanie of registered agent and the illapplicable (NOTE Registered Agent signature required when remediting) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE PTVS DELFTE 1.1 THE Change Addition TRAVIESO, ANGELA NAME 1.2 NAME **CR2E034** 4300 SW 102ND AVE STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CiTY - ST- ZIP THE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 City - ST-ZIP THILE DELETE 3.1 TETLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TIFLE ____ Change ____ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - \$1 - ZIF TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5 4 CITY - \$1 - ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that niy signature shall have the same legal effect as if made under oath. That I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address. 7 6-2046 7 551-4768

SIGNATURE: