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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J94388** **(2)**

1. Corporation Name

SOILPROBE ENGINEERING & TESTING, INC.

Principal Place of Business	Mailing Address
11861 TARA DRIVE **PLANTATION FL 33325**	**5450 GRIFFIN ROAD** **DAVIE FL 33314** **US**

3. Date Incorporated or Qualified: **09/28/1987**	3a. Date of Last Report: **03/31/1995**
4. FEI Number: **65-0039899**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 12345 NW 14th ST.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: PLANTATION FL	28 City & State
24 Zip: 33323 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PEANA PAVEL (PAUL)
61 SW 91ST AVENUE SUITE 207
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: PAVEL (PAUL) PEANA
82 Street Address (P.O. Box Number is Not Acceptable)
83 12345 NW 14th. STREET
84 City: PLANTATION **FL** 85 Zip Code: 33323

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PEANA, PAVEL		1.2 NAME	PEANA, PAVEL	
STREET ADDRESS	11861 TARA DR		1.3 STREET ADDRESS	12345 NW 14th. STREET	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	VT	☐ DELETE	2.1 TITLE	VT	☐ Change ☐ Addition
NAME	PEANA, LILIANA		2.2 NAME	PEANA, LILIANA	
STREET ADDRESS	61 SW 91ST AVENUE, SUITE 207		2.3 STREET ADDRESS	12345 NW 14th STREET	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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. 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: PAVEL PEANA, PRESIDENT 2/27/96 (305) 584-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)