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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M48947

POLYGON ENERGY SERVICES, INC.

Mailing Address

(9)

FILED Feb 06 1997 8:00am Secretary of State

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110 MERICK WAY SUITE #3 C CORAL GABLES FL 33134		110 MERICK WAY Suite #3 C Coral Gables FL 3313			3. Date incorporated or Qualified		ate of Last	Report		
						03/24/1987	05/	01/1996		
2. Principal Pi	ace of Business	2a, Mailing Address 26				4, FEI Number 65-0023944	Applied For Not Applicable			
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	13 7	\$8.75 Additional Fee Required		
City & State	9	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered	Agent		
ASCHENBRENNER, RICHARD W ESQ.				81 Name					i	
9130 S. DADELAND BLVD., SUITE 1209 MIAMI FL 33156				82 Street Address (P.O. Box Number is Not Acceptable)						
			83	1						
			84	+	City		FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 tide if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE										
		RS AND DIRECTORS	13.	Jean.	signature requir	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DS IN 12	
12.	DVPS	DELETE DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ENO MINE	Change	Addition	
NAME	RUBEL, A. D.		1.2 NAME						tand the same	
STREET ADDRESS	110 MERRICK WAY, #30		1.3 STREE		DORESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY -							
TITLE	DP	☐ DEŁETE	2.1 TITLE				**************	Change	Addition	
NAME	SALAS, NELSON		2.2 NAME							
STREET ADDRESS	3614 S.W. 57 AVENUE		2.3 STREE	T AC	.DDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CiTY	· ST ·	- ZIP					
TITLE	DVPT	[] DELETE	3.1 TITLE					Change	Addition	
NAME	REHRING, KLAUS	•	3.2 NAME							
STREET ADDRESS	110 MERRICK WAY, #30 CORAL GABLES FL	•	3 3 STREE							
City-St-ZiP	CONAL GADLES PL	DELETE	3.4. CITY-		-ZIP			☐ Change	Addition	
TITLE		ו סננונ	4.2 NAM					— Orange	ADMINIT	
STRELT ADORESS			4.2 TOWN	_	IDDRESS					
CITY-ST-ZIP			4.4 CiTY-			**				
TITLE		DELETE	51 TITLE			· · · · · · · · · · · · · · · · · · ·	,,	Change	Addition	
NAME			5 2 NAME							
STREET ADDRESS			5 3 STREE	T A	DDRESS	ÿ				
CITY-S1-ZIP			54 CITY-	ST-	- ZIP					
TITLE		DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			63 STREE	T A	DORESS	:				
CITY - ST - ZIP			64 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 of 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 chapany, or the infilingment with an address.

SIGNATURE: