SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

AMENDED AND FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P92000014586 (1)**

1. Corporation Name

WEBCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
14225 N MIAMI AVE MIAMI FL 33168 US	C/O ESTATELLA & ASSOC INC 7491 SW 8 ST MIAMI FL 33144-4547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1992	06/09/1994

21	2. Principal Place of Business: 11307 SW 74 TERR	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Miami FL	28	City & State
24	ZIP: 33173	25	County: DADE
29	ZIP	30	County

4. FEI Number: 65-0393426 — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. [illegible] ☐ — **$5.00** May Be Added to Fees

8. This corporation has authority to [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, TOMASITA 2756 SW 11 STREET #3 MIAMI FL 33125	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 Section 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: [illegible] — Date

12. OFFICERS AND DIRECTORS		13.	
1 Title	DSTP	41 Title	☐ Change ☐ Addition
2 Name	GONZALEZ, TOMASITA	42 Name	
3 Street Address	14225 N MIAMI AVE.	43 Street Address	
4 City, St, Zip	MIAMI FL	44 City, St, Zip	
5 Title	~~DP~~	45 Title	☐ Change ☐ Addition
6 Name	~~GONZALEZ, PEDRO D~~	46 Name	
7 Street Address	~~14225 N MIAMI AVE~~	47 Street Address	
8 City, St, Zip	~~MIAMI FL~~	48 City, St, Zip	
9 Title		49 Title	☐ Change ☐ Addition
10 Name		50 Name	
11 Street Address		51 Street Address	
12 City, St, Zip		52 City, St, Zip	
13 Title		53 Title	☐ Change ☐ Addition
14 Name		54 Name	
15 Street Address		55 Street Address	
16 City, St, Zip		56 City, St, Zip	
17 Title		57 Title	☐ Change ☐ Addition
18 Name		58 Name	
19 Street Address		59 Street Address	
20 City, St, Zip		60 City, St, Zip	
21 Title		61 Title	☐ Change ☐ Addition
22 Name		62 Name	
23 Street Address		63 Street Address	
24 City, St, Zip		64 City, St, Zip	

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is accurate, and that this report complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as satisfaction of those requirements. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: Tomasita Gonzalez — 6/27/95 — (305) 271-9107
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone Number

004861 CP