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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

DOCUMENT # P95000045089 (6) PEDRO BACKHOE SERVICES, INC. Principal Place of Business Mailing Address 1237 N.W. 32ND PL. 1237 N.W. 32ND PL. MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0586984 Not Applicable 21 Suite, Apt #. etc Suite, Apt. #, otc \$8.75 Additional 6. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Zıp Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PEREZ, PEDRO O 1237 N.W. 32ND PL. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 05.02 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 Statules. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CRZE034 (10/9) DELETE Addition Change TITLE 1.1 TITLE PEREZ, PEDRO O 1.2 NAME NAME 1237 N.W. 32ND PL 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33125 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition VŠD 2.1 1IILE TITLE PEREZ, MORAIMA S 2.2 NAME NAME 1237 N.W. 32ND PL. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33125 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADORESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-2IP DELLIE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6 1 TITLE TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS

14. I 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 suppliemental 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: