
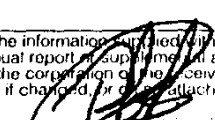


FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 08 1998 8:00am Secretary of State	
<div style="float: left; width: 60%;">DOCUMENT # P95000061856 (7) 1. Corporation Name CONEL COMPRESSOR SYSTEM, INC.</div> <div style="float: right; width: 35%; text-align: center;"></div> <div style="clear: both;"></div>					
Principal Place of Business 542 SW 12 AVE MIAMI FL 33130		Mailing Address 542 SW 12 AVE MIAMI FL 33130		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0601053 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOPEZ, RICARDO 542 SW 12TH AVE MIAMI FL 33130			10. Name and Address of New Registered Agent		
			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 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 _____ <small>(NOTE: Registered Agent signature required when reinstating.)</small>					
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12. TITLE		13. 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		12 NAME			
STREET ADDRESS		13 STREET ADDRESS			
CITY - ST - ZIP		14 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY - ST - ZIP		24 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY - ST - ZIP		34 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY - ST - ZIP		44 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY - ST - ZIP		54 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY - ST - ZIP		64 CITY - ST - ZIP			
14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this 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 owner 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 added with an address.					
SIGNATURE:  RICARDO LOPEZ 1/20/98 (305) 559-5478 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0176907</small>					