SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000090248 (2)

1. Corporation Name

ASPHALT RESEARCH TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
414 NORTHEAST 4TH STREET FORT LAUDERDALE FL 33301	414 NORTHEAST 4TH STREET FORT LAUDERDALE FL 33301

2. Principal Place of Business
21 14005 N.W. 186th Street
Suite, Apt. #, etc
22
City & State
23 Hialeah, Fl
Zip 24 33015 Country 25

2a. Mailing Address
26 14005 N.W. 186th Street
Suite, Apt. #, etc
27
City & State
28 Hialeah, Fl
Zip 29 33015 Country 30

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report: New
4. FEI Number: 65-0637353 ☐ 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 [X] Yes ☐ No

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/D	☐ Change [X] Addition
1 2 NAME	Dag Seagren	
1 3 STREET ADDRESS	90 Edgewater, #818	
1 4 CITY-ST-ZIP	Coral Gables, Fl 33133	
2 1 TITLE	V	☐ Change [X] Addition
2 2 NAME	Lars Seagren	
2 3 STREET ADDRESS	90 Edgewater, #818	
2 4 CITY-ST-ZIP	Coral Gables, Fl 33133	
3 1 TITLE	V/D	☐ Change [X] Addition
3 2 NAME	Michael D.Garffer	
3 3 STREET ADDRESS	6721 S.W. 76 Terr	
3 4 CITY-ST-ZIP	Miami, Fl 33143	
4 1 TITLE	S/T	☐ Change [X] Addition
4 2 NAME	George Rios	
4 3 STREET ADDRESS	1251 S.Alhambra Circle	
4 4 CITY-ST-ZIP	Coral Gables, Fl	
5 1 TITLE	D	☐ Change [X] Addition
5 2 NAME	Jose L. Fernandez	
5 3 STREET ADDRESS	7577 S.W. 81 Ave	
5 4 CITY-ST-ZIP	Miami, Fl 33143	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 6/18/96 (305) 829-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #