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

Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000076699 (2) MINING MACHINERY EN ESPANOL CORPORATION Principal Place of Business Mailing Address 5600 SW 135TH AVE., SUITE 107 5600 SW 135TH AVE., SUITE 107 MIAMI FL 33183-5135 MIAMI FL 33183-5135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65.0503/13 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yos 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ESTEVEZ. GERARDO 305 S.W. 181 WAY 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 City Zip Code 2002 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered tate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered examples of Socion 607,0505, Florida Statutes. 11. Pursuant to the office or regi **SIGNATURE** Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE NAME ESTEVEZ, SANDRA L 1.2 NAME 305 SW 181ST WAY STREET ADDRESS 1.3 STREET ADORESS PEMBROKE PINES FL 33029 14 CHY-S1-ZIP CITY-ST-ZIP Change DELETE TITLE 21 TITLE VICE PRESIDENT Addition aleman, martha e NAME 2.2 NAME ALEMAN MARTHA E. BROKEPINES, FL 33029 Change STREET ADDRESS 1530 NW 24TH AVE., APT. 6 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125-2144 2. 4 CITY- ST- ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME ERARDO P. ESTEVEZ STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS PINES.FL 33029 CITY-ST-ZIP 4.4 CHY-ST-7IP DELETE Change Addition TITLE 5 1 1HLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 10116 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-7(P

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 empewared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 1/16/6X 200/2884891)

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