

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **383103 (9)**

1. Corporation Name
THE SAN PEDRO MINING CORPORATION



Principal Place of Business: **1580 STATE ROUTE 344 EDGEWOOD NM 87108**
Mailing Address: **1055 WEST HASTINGS ST SUITE 1400 VANCOUVER BC V6E2E-9**

3. Date Incorporated or Qualified: **05/31/1971** 3a. Date of Last Report: **10/25/1995**
4. FEI Number: **59-1370781** 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: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	YOUNG, JOHN M.	
STREET ADDRESS	1109 WEST 39TH AVENUE	
CITY-ST-ZIP	VANCOUVER BC	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BYRON, DON E.	
STREET ADDRESS	P.O. BOX 423 N/A	
CITY-ST-ZIP	SONOITA AZ	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	SWINEY, DONALD K.	
STREET ADDRESS	1501 TRAMWAY BLVD NE #404	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWINEY, DONALD K.	
STREET ADDRESS	1501 TRAMWAY BLVD NE #404	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BAYLEY, BRIAN E.	
STREET ADDRESS	4143 RANGER CRESCENT	
CITY-ST-ZIP	NORTH VANCOUVER BC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Berry, Ken	
1.3 STREET ADDRESS	1400 - 1055 West Hastings Street,	
1.4 CITY-ST-ZIP	Vancouver, BC V6E 2E9	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dr. Free, Bernhard	
2.3 STREET ADDRESS	#606 - 7420 E. Quincy Ave,	
2.4 CITY-ST-ZIP	Denver, CO 80237	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800001837208
-05/23/96--01070--018
***200.00

5-12-96
Jr

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

SIGNATURE: *AC Richardson* AC RICHARDSON Date: *3/12/96* (604) 683-3613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *KEP BERRY* Date: _____

CR2E034 (12/95)