

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

FILED

**Jul 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 383103 (9)
1. Corporation Name
THE SAN PEDRO MINING CORPORATION



Principal Place of Business

**1560 STATE ROUTE 344
EDGEWOOD NM 87108**

Mailing Address

**1055 WEST HASTINGS ST
SUITE 1400
VANCOUVER BC V6E2E**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
05/31/1971

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(NONE - Registered Agent's contact reserved with corporation)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--|
| 12. TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | YOUNG, JOHN M. | |
| STREET ADDRESS | 1109 WEST 39TH AVENUE | |
| CITY- ST- ZIP | VANCOUVER BC | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | BERRY, KEN | |
| STREET ADDRESS | 1400-1055 W. HASTINGS ST. | |
| CITY- ST- ZIP | VANCOUVER BC V6E 2E9 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERNHARD, FREE DR. | |
| STREET ADDRESS | #806-7420 E. QUINCY AVE. | |
| CITY- ST- ZIP | DENVER CO 80237 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | | |
|--------------------|---------------------------|---------------------------------|--|
| 13. 1.1 TITLE | CONTROLLER | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RICHARDSON, A. CAMERON | | |
| 1.3 STREET ADDRESS | 1400-1055 W. HASTINGS ST. | | |
| 1.4 CITY- ST- ZIP | VANCOUVER BC V6E 2E9 | | |
| 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY- ST- ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY- ST- ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY- ST- ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY- ST- ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY- ST- ZIP | | | |

14. I do 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 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* 06/10/97 (604)683-3613

CR2E004 (9/96)