

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

FILED

May 16 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 # P96000001282 (8)

1. Corporation Name  
CRUZOIL INC.

Principal Place of Business  
19470 N.W. 8TH STREET  
PEMBROKE PINES FL 33029

Mailing Address  
19470 N.W. 8TH STREET  
PEMBROKE PINES FL 33029-3257



3. Date Incorporated or Qualified 01/04/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0634592  
Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~REDRA, AURELIO A III~~  
~~19470 N.W. 8TH STREET~~  
~~PEMBROKE PINES FL 33029~~

81 Name HOLBROOK, Francine D.  
82 Street Address (P.O. Box Number is Not Acceptable) 1600 South Bayshore Lane  
83 Suite # 2 B  
84 City Miami FL 85 Zip Code 33133

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]* DATE 4/23/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D and P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, CLEMENTE J	1.2 NAME	
STREET ADDRESS	19470 N.W. 8TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	
TITLE	D and VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, TERESA	2.2 NAME	
STREET ADDRESS	19470 N.W. 8TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
TITLE	D and S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, CLEMENTE E	3.2 NAME	
STREET ADDRESS	1224 S.W. 128TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	3.4 CITY-ST-ZIP	
TITLE	D and VP and T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ANGEL	4.2 NAME	
STREET ADDRESS	1021 S.W. 177TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	
TITLE	D and VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, FRANCINE D.	5.2 NAME	
STREET ADDRESS	1600 S. Bayshore Lane #2B	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an addition with an address.

SIGNATURE: *[Signature]* DATE 4/23/97 (305) 858-7054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)