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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name (2)													
PETROSOL PROCESSING & REFINING, INC.													
													1
								_					
Principal Place of Business				Mailing Address									
2655 LEJEUN SUITE 1003	655 LEJEUNE RD												
CORAL GABLES FL 33134-5827				1003 CORAL GABLES FL 33134-5827				1	DO NOT WRITE IN THIS SPACE				
US			U	\$				3.	Date Incorporated or Qualified				
								Ц	09/21/1992	<del></del>			
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number	'		Applied Fo	
Suite. Apt. #, etc.				Suite, Apt. #, etc.				<del></del>	65-0363341	7	<u> </u>	Not Applic  5 Additions	
22				27				5.	Certificate of Status Desired			Required	ai .
City & State				City & State				6.	Election Campaign Financing		\$5.0	00 May Be	
23				28				Trust Fund Contribution		Adde	ed to Fees		
Zip	·		<u> </u>	Zip _		Country		8.	This corporation owes or has pa		_ ′		
24 25				29 30				Personal Property Tax due June 30. Yes No.					
9, Name and Address of Current Registered Agent							Name	10.	Name and Address of New Re	gistered	Agent	<del></del>	
CORPORATION COMPANY OF MIAT				ı									
201 S BISCAYNE BLVD 1500 MIAMI CENTER							Street Addr	ess (P	'.O. Box Number is Not Acceptab	ole)		-	
MIAMI FL 33131													
MIRWII I E 00101									<del></del>		11-		
						84 City				FL	85 Z	ip Code	
11. Pursuant	to the provision	ns of Sections 607.050	2 and 60	07.1508, Florida Statut	tes, the a	bove	-named corp	oration	n submits this statement for the poored of directors. I hereby accept	urpose o	f changing	g its registe	erec
agent. I a	egistered age ım familiar with	i, and accept the obliga	ations of	, Section 607.0505, Fl	orida Sta	atutes	THE COIDOR	10118 13	odard of directors, Thereby accep	v die aht	JOII ILLI HEL IL	as register	eu
SIGNATURE													
12.		E. Registered Agent signature required  13.				reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECT	OPS IN 12				
TITLE	P	OFFICERS ANI	DELETE		_	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	VEDS AN	Chang		
NAME	1 -	GH, ROBERT W				1.2 NAME						_	
STREET ADDRESS	mana Collina a mana			1.3 STREET			ADDRESS						ĺ
CITY-ST-ZIP CORAL GABLES FL					1.4 CITY-ST-ZIP								ļ
TITLE	S			DELETE	2.1 T	2.1 TITLE				T	Спалд	je 🔲 Add	nottib
NAME	MEYERINGH, ROBERT W			2.2 N		2.2 NAME							
STREET ADDRESS	The state of the s			2.3			2.3 STREET ADDRESS						
CiTY-ST-ZIP				Clear err		2.4 CITY-ST-ZIP					T 01-		De
TITLE				☐ DELETE		3.1 TITLE 3.2 NAME					L Chang	je 🔲 Ado	ונוסח
NAME													
STREET AODRESS							ADDRESS						
CITY-ST-ZIP TITLE				☐ DELETE		<u>city-s</u> (Itle	1-48			<del></del>	Chang	ge 🔲 Add	dition
NAME						NAME							
STREET ADDRESS					4.3 STREET ADDRESS		ADDRESS			1			ĺ
CITY-ST-ZIP					4.4 CITY - ST - ZIP								
TITLE			☐ DELETE	5.1 TITLE					<del></del>	Chang	je 🔲 Add	dition	
NAME					5.2 N	IAME							
STREET ADDRESS					5,3 \$	TREET	ADDRESS						
CITY - ST - ZIP				· · · · · · · · · · · · · · · · · · ·		ITY-ST	- ZIP				<del></del>		
TITLE				☐ DELETE	6.1 T						Chang	je 🔲 Add	lition
NAME					- 8	IAME							
STREET ADDRESS					6.3 STREET ADDRESS								
CITY_ST_7/P	l				840	TP_VTI	_7IP						- 1

14. I hereby certify that the information supplied with this filling does indicated on this annual report or supplements annual report is officer or director of the corporation or the receiver or trastee by Block 12 or Block 13 if changed, or on an attachment with an a qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

305-442-7400

**FILED** 

Jan 21 1998 8:00am

Secretary of State