

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P94000073613 (9)
 1. Corporation Name
TRANSAMERICA OIL CORP



Principal Place of Business 10250 N.W. 89TH AV. #2 MEDLEY FL 33178	Mailing Address 10250 N.W. 89TH AV. #2 MEDLEY FL 33178
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7320 NW 43 St Suite, Apt. #, etc.	2a. Mailing Address 26 7320 NW 43 St. Suite, Apt. #, etc.
22 City & State 23 MIAMI Florida	27 City & State 28 MIAMI Florida
24 Zip 33166 25 Country US	29 Zip 33166 30 Country US

3. Date Incorporated or Qualified 10/07/1994	
4. FEI Number 59-3274956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPINS, ALVARO 10250 N.W. 89TH AVE MEDLEY FL 33178		10. Name and Address of New Registered Agent 81 Name CAMPINS, ALVARO 82 Street Address (P.O. Box Number is Not Acceptable) 7320 NW 43 St. 83 84 City MIAMI FL 85 Zip Code 33166	
--	--	--	--

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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD CAMPINS, ALVARO 10250 N.W. 89TH AV., #2 MEDLEY FL 33178	1.1 TITLE	PTD - ALVARO CAMPINS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	7320 NW 43 St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	VD OTAOLA, MIGUEL 10250 N.W. 89TH AVE., #2 MEDLEY FL 33178	2.1 TITLE	VD - MIGUEL OTAOLA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	7320 NW 43 St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	SD BERRIZBEITIA, FRANCISCO 309 MAJORCA AV. CORAL GABLES FL 33134	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:  FRANK BERRIZBEITIA 4/29/98 (305) 591-4400

CP2E034 (10/97)