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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067808

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

YOUNES PETROLEUM INC.

Principal Flace of Business	Mailing Address	
2201 GADWALL COURT	2201 GADWALL COURT	
VALRICO FI. 33594	VALRICO FL 33594	

26

27

28

29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90077 015 ***150.00



10. Name and Address of New Registered Agent

Street Address (P.O. Bo): Number is Not Acceptable)

YOUNES, SIHAM E 2201 GADWALL COURT

VALRICO FL 33594	83		
	84		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all office or registered agent, or both, in the State of Florida. Such change was authorized agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.	i by	the corporation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered

Country

81 Name

30

SIGNATUFE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE Change 1.1 TITLE TITLE YOUNES, SIHAM E 1.2 NAME NAME 2201 GADWALL COURT 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE YOUNIS, PIERE 2.2 NAME NAME 2201 GADWALL COURT 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplies 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, with all other like empowered.

6.4 CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

4.24.99 85.30

CR2E034 (11/98)