

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90011 031 ***150.00

0244201

DOCUMENT # P94000073613

1. Corporation Name
TRANSAMERICA OIL CORP

Principal Place of Business
7320 NW 43ST
MIAMI FL 33166
US

Mailing Address
7320 NW 43ST
MIAMI FL 33166
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3274956

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1900 SW 22ND St.

2a. Mailing Address

26 1900 SW 22ND St.

Suite, Apt. #, etc.

22 303

Suite, Apt. #, etc.

27 303

City & State

23 MIAMI - FL.

City & State

28 MIAMI - FL.

Zip

24 33145

Country

25

29 33145

Country

30

9. Name and Address of Current Registered Agent

CAMPINS, ALVARO

~~7320 NW 43ST~~

~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name

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

1900 SW 22ND ST.

83 Suite # 303

84 City MIAMI

FL

85 Zip Code 33145

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME CAMPINS, ALVARO
STREET ADDRESS 7320 NW 43ST
CITY-ST-ZIP MIAMI FL 33166

TITLE VD ☐ DELETE
NAME OTAOLA, MIGUEL
STREET ADDRESS 7320 NW 43ST
CITY-ST-ZIP MIAMI FL 33166

TITLE SD ☐ DELETE
NAME BERRIZBEITIA, FRANCISCO
STREET ADDRESS 309 MAJORCA AV.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Alvaro Campins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

PRESIDENT.

Date (305) 285 0533 Daytime Phone #

CR2E034 (11/98)