

CONF NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1998 8:00 am
Secretary of State

DOCUMENT # P33171

(0)

1. Corporation Name
PETROBRAS AMERICA INC.

Principal Place of Business

WESTHEIMER RD.
STE 1200
HOUSTON TX 77042

Mailing Address

10777 WESTHEIMER STE 625
HOUSTON TX 77042



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1991

4. FEI Number

76-0235183

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

10777 Westheimer
Suite, Apt. #, etc.

Suite # 1200

City & State

Houston, Tx

Zip

77042

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

Country

31

9. Name and Address of Current Registered Agent

GRILLI, PETER J ESQ
100 SOUTH ASHLEY DRIVE STE 1300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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	CD	<input type="checkbox"/> DELETE
NAME	BARBOSA, JOSE C	
STREET ADDRESS	RUA GENERAL CANABARRO 500	
CITY-STATE-ZIP	RIO DE JANEIRO BRAZIL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERTANI, RENATO T	
STREET ADDRESS	RUA GENERAL CANABARRO 500	
CITY-STATE-ZIP	RIO DE JANEIRO BRAZIL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REIS, LUIZ ANTONIO	
STREET ADDRESS	814 DARIA	
CITY-STATE-ZIP	HOUSTON TX 77079	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NAHAS NETO, JORGE J	
STREET ADDRESS	13407 KIMBERLEY	
CITY-STATE-ZIP	HOUSTON TX	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	CAMARGO, JORGE
2.4 CITY-STATE-ZIP	RUA GENERAL CANABARRO 500 RIO DE JANEIRO BRAZIL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09 03 98

CR2E034 (5/98)