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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997		No.	DIVISION OF	CORPORA	TIONS		Secret	ary ()I O	aic
DOCUMENT # 123065 (5) FLAMINGO OIL COMPANY								OPÁN SZÁLÁG FERMÁ ÚJJI MOLLÁ ÁJJA	si Bire Babat Bibli S	ILOJA BIBIR GODIJ	hibii 480)
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Principal Place of Business				Mailing Address			''"	1101 EFMIN 61WA 15F11 MULL MILL)))WII WIWII WIBII	BERSI SAMI
205 N E 179 ST Miami Fl 33162				205 N E 179 ST Miami FL 33162-1018							
								Incorporated or Qualifo		ate of Last R 15/1996	eport
2. Principal Place of Business				2a. Mailing Address 26			4. FEI N				plied For
21				Suite, Apt. #, etc.				H0244490		\$8.75	t Applicable Additional
22				27			5. Certi	5. Certificate of Status Desired			
Orty & State:				City & State			Trus	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25			Zip Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	9, Name	· · · · · · · · · · · · · · · · · · ·	s of Current Rec		[30]			ne and Address of Nev			
	ELEY,DAI					81 Name					
		de Leon Ri	D .		ļ	82 Street Ac	ddress (P.O. B	ox Number is Not Acce	ptable)	**************************************	
MIAI	MI FL 331	43				83	1				
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					ļ	84 City			FL	85 Zip (Code
	n the provi egistered a m familiar v	sions of Sections gent, or both, with, and acce	ons 607.0502 and in the State of Flo pt the obligations	H 607.1508, Florida Stat orida: Such change wa of, Section 607.0505.	tutes, the at s authorized Florida Stat	ove-named co toy the corpo utes.	orporation sub ration's board	mits this statement for t of directors. I hereby a	he purpose of ccept the app	changing it cointment as	s registered registered
SIGNATURE	Employee type	d or present reams of	Vireg stered again and I	title r' applicable (N	IOTE: Registered	I Agent signature re	quired when reinsta	iting)	DATE		
12.		OF	FICERS AND DIR	COLUMN TO THE TAXABLE PARTY OF THE PARTY OF	13.		ADDI	TIONS/CHANGES TO O	FFICERS AND		
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NAME					6.2 NA						
STREET ADDRESS						REET ADDRESS	1				

6.4 CITY - ST - ZIP 14. To 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:

Apr 15 1997 8:00am