

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:08**

DOCUMENT # **164271** (9)

1. Corporation Name

**MACMILLAN OIL COMPANY OF FLORIDA INC**

Principal Place of Business

Mailing Address

2955 E 11TH AVE  
HALEAH FL 33013

2955 E 11TH AVE  
HALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/01/1951</b>   | 3a. Date of Last Report<br><b>01/27/1994</b>           |
| 4. FEI Number<br><b>59-0648243</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 30                     |

9. Name and Address of Current Registered Agent

**OLIVER, SHERRILL**  
**2955 E 11 AVE**  
**HALEAH FL 33013**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>Pierrette Bettex</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2955 East 11 Avenue</b> |
| 83  |
| 84 City<br><b>Hialeah</b>   |
| FL 85 Zip Code<br><b>33013</b>  |

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 Pierrette Bettex *Pierrette Bettex* DATE 3/10/95

12. OFFICERS AND DIRECTORS

|                     |  |   |  |        |
|---------------------|--|---|--|--------|
| TITLE<br><b>PDT</b> | NAME<br><b>OLIVER, SHERRILL</b>        | STREET ADDRESS<br><b>2955 E 11TH AVE</b>  | CITY - ST - ZIP<br><b>HALEAH, FL 00000</b> | Resign |
| TITLE<br><b>SD</b>  | NAME<br><b>CANINO, DAISY</b>           | STREET ADDRESS<br><b>2955 E 11TH AVE</b>  | CITY - ST - ZIP<br><b>HALEAH, FL 00000</b> |        |
| TITLE<br><b>VD</b>  | NAME<br><b>BERGER, SHERRILL OLIVER</b> | STREET ADDRESS<br><b>2955 E 11TH AVE</b>  | CITY - ST - ZIP<br><b>HALEAH, FL 00000</b> |        |
| TITLE<br><b>VP</b>  | NAME<br><b>AMANCIO ALONSO</b>          | STREET ADDRESS<br><b>2955 E 11 AVENUE</b> | CITY - ST - ZIP<br><b>HALEAH FL</b>        |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                            |                                    |   |   |  |
|----------------------------|------------------------------------|---|---|--|
| 1.1 TITLE<br><b>PDT</b>    | 1.2 NAME<br><b>Alonso, Amancio</b> | 1.3 STREET ADDRESS<br><b>2955 E 11 Avenue</b> | 1.4 CITY - ST - ZIP<br><b>Hialeah, FL 33013</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br><b>SD</b>     | 2.2 NAME<br><b>Canino, Daisy</b>   | 2.3 STREET ADDRESS<br><b>2955 E 11 Avenue</b> | 2.4 CITY - ST - ZIP<br><b>Hialeah, FL 33013</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE<br><b>Resign</b> | 3.2 NAME                           | 3.3 STREET ADDRESS                            | 3.4 CITY - ST - ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br><b>Resign</b> | 4.2 NAME                           | 4.3 STREET ADDRESS                            | 4.4 CITY - ST - ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE                  | 5.2 NAME                           | 5.3 STREET ADDRESS                            | 5.4 CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE                  | 6.2 NAME                           | 6.3 STREET ADDRESS                            | 6.4 CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Amancio Alonso *Amancio Alonso* DATE 2/17/95 (305) 691-7814