PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 164271

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90172 007 ***450.00

1. Corporation		ODIDA IMO										
MACMILLAN OIL COMPANY OF FLORIDA INC							i	(188484 16818 A(()) B(G)A (()) (BIFII 8/BII 1881	
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Principal Place of Business Mailing Address							.					
2955 E 11TH AVE												
THREE WITE GOOD								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed 06/01/1951				
Principal Place of Business 2a. Mailing Address								4. FEI Number		T A	oplied For	
21 26								59-0648243			ot Applicable	
Suite, Apt.	#. elc	== Suite, A						5. Certificate of Status Desired			Additional equired	
City & State	8	City & S	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution		Added	to Fees	
Zip	Country Zip				Country			8. This corporation owes the curr	ent year Inta			
24	25 29 30			30				Personal Property Tax.	3 t - 4 d	☐Yes	□No	
	9. Name and Address of Curren	t Registered Ag	ent		81	Name		10. Name and Address of New I	kegistered i	-deur		
BET	Tex, pierrette			į								
2955 EAST 11 AVENUE				J	82 Street Addre			s (P.O. Box Number is Not Accept	able)		-	
HIALEAH FL 33013				ţ	83							
				Į								
· 					84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508,	Florida Statut	es, the at	ove	-named	corpor	ation submits this statement for the	purpose of	changing its	registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section	607.0505, Flo	rida Statu	ites.		0101011	a board of directors. I florably account	pr and appoin	initionic dd ic	9.000	
SIGNATURE				_								
	Signature, typed or printed name of registered ager		(NOTE		Agent	t signature i	required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE AN	D DIRECTO	DC IN 12	
12.	PDT OFFICERS AN	D DIRECTORS	DELETE	13.	1 F			ADDITIONS/CHANGES TO OF	FICERS AIN	Change	Addition	
NAME (ALONSO, AMANCIO			1.2 NA							_	
STREET ADDRESS	2955 E 11TH AENUE					ADDRESS	1				}	
CITY-ST-ZIP	HIALEAH, FL 00000			1.4 CIT								
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NAME	CANINO, DAISY			2.2 NA	2.2 NAME							
STREET ADDRESS	2955 E 11TH AVENUE			2.3 ST	REET	ADDRESS	Ì)	
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NAME				3.2 NA	ME		1				1	
STREET ADDRESS			•	3.3 STI	REET	ADDRESS					1	
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TITLE			DELETE	4.1 TFT	ιE					Change	☐ Addition	
NAME				4. 2 NA	ME		}					
STREET ADDRESS				4.3 ST	REET	ADDRESS					1	
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TITLE		I	☐ DELETE	5.1 TIT			1			Change	☐ Addition	
NAME				5.2 NA		Anneren]					
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	·		DELETE	5.4 CIT 6.1 TITI		-416	┼			Change	Addition	
TITLE		ı		6.2 NA								
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STILL FADDICES							}				1	
CITY-ST-ZIP				0.4 011	1-01	·- ZIF	L					

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:

SIGNATUREAMANCIO ANIONSO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

(305) 691-7814