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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 592053

(3)

Mailing Address

JACOIL, INC.

Principal Place of Business

FILED Mar 04 1997 8:00am Secretary of State

10998 SW 104TH STREET MIAMI FL 33176 US		9260 SUNSET DR. Suite 206 Miami Fl. 33173-3255 US		Date Incorporated or Qualified 11/02/1978	3a. Date of Las		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			TO 4000000		Not Applicable
Suite, Apl. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	8	City & State			Election Campaign Financing Trust Fund Contribution		0 May 8e d to Fees
Ζ)p 24	handa handa handa		Gountry 30	Florida Statutes XYes No		r s. 199.032,	
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
SAF	RRIA, JORGE A.		81	Name			
8405 MILLER DR. MIAMI FL 33155			82	Street Ado	t Address (P.O. Box Number is Not Acceptable)		
			83				
			84	· 1	rporation submits this statement for the p	FL	p Code
agent La SIGNATURE	egistered agent, or both, in the Starn familiar with, and accept the ob-	ligations of, Section 607.0505, F	lorida Statute	S.	ation's board of directors. I hereby acception and the directors of the di	of the appointment	as registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TILE	PD	☐ DELETE	1.1 TITLE			Chang	e Addition
NAME	SARRIA, JORGE		1.2 NAME				
STREET ADDRESS	8405 MILLER DRIVE		1.3 STREE	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33155		14 CITY-	ST-ZIP			
TI1',F			21 TITLE			☐ Chang	e [_] Addition [
NAME	SARRIA, JORGE		22 NAME				
STREET ADDRESS	8405 MILLER DRIVE MIAMI FL 33155			ADDRESS			
011Y - S1 - 7/F 1 TLF	V	DELETE	2 4 CITY - 3 1 TITLE	51-ZIP		Chang	e Addition
NAME	DIAZ, PEDRO	<u></u>	32 NAME				
STREET ADDRESS	1527 CERTOSA AVE.	* *	1	r address			
CITY-S1-Zir	CORAL GABLES FL 33146		3 4. CHTY-				
TITLE		☐ DELETE	4.1 TITLE			Chang	e 🔲 Addition
NAME			4. 2 NAME				
\$1RECT ADDRESS			4.3 STREE	T ADDRESS			
C(1) - S1 - Z)F			4.4 CITY -	ST - ZIP			
Tifet		☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST ZIP		Therese	5.4 CITY -	ST-ZIP			. [] #
TITLE		L DELETE	6.1 TIFLE			Chang	ge 🔲 Addition
NAME		,	6.2 NAME				
STREET ADDRESS				ADDRESS			
C-TY - ST - ZiP	La Contraction of the Contractio	East of the Advantage of the Community o	6.4 CITY-		ed in Section 119 07(3)(i) Florida Statute	a I formbox portificati	

14. I do hercely 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 direction of the corporation on 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:

ATURE AND TYPED OR PRINTED NAME OF

Ped 10 DIAZ
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

(305) 274-1446