

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 855911 (4)

1. Corporation Name
CITGO PETROLEUM CORPORATION



Principal Place of Business: **6100 SOUTH YALE BOX 3758 TULSA OK 74102**
Mailing Address: **6100 SOUTH YALE ATTN: STATE INCOME TAX TULSA OK 74136 US**

3. Date Incorporated or Qualified: **03/31/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **73-1173881**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** 74136 **25** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, RON E.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLMETA, ANGEL E.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERLIN, S.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANDERSON, P.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BRIGHT, R.M.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUMPHREY, E.	
STREET ADDRESS	6100 SOUTH YALE	
CITY-ST-ZIP	TULSA OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ralph S. Cunningham	
1.3 STREET ADDRESS	6100 South Yale	
1.4 CITY-ST-ZIP	Tulsa, OK 74136	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	750 Lexington Ave.	
2.4 CITY-ST-ZIP	New York, NY 10022	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (918) 495-4159
Date Daytime Phone #

CR2E034 (12/95)