

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

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90098 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004370

1. Corporation Name

PROSPECCIONES ENERGETICAS, S.A.

Principal Place of Business

CLAUDIO COELLO 52
MADRID 28001 SPAIN

Mailing Address

11868 PEBBLEWOOD DR
9TH FLOOR, ATTN: KRASKEN
W PALM BCH FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

98-0137712

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, MARTIN V ESQUIRE
MOYLE, FLANIGAN, KATZ, FITZGERALD, ET AL
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME BERTRAN, JOAQUIN
STREET ADDRESS CLAUDIO COELLO 79
CITY-ST-ZIP MADRID 28001 SPAIN

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BERTRAN, FIONA-DARIA
STREET ADDRESS CLAUDIO COELLO 79
CITY-ST-ZIP MADRID 28001 SPAIN

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BERTRAN, ELISABETH
STREET ADDRESS CLAUDIO COELLO 79
CITY-ST-ZIP MADRID 28001 SPAIN

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BERTRAN, FOSCA-VIRGINIA
STREET ADDRESS CLAUDIO COELLO 79
CITY-ST-ZIP MADRID 28001 SPAIN

4.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME SUFFERN-QUIRNO, PATRICIO
STREET ADDRESS CLAUDIO COELLO 52
CITY-ST-ZIP MADRID 28001 SPAIN

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30-1-99

795 46 50

Date

Daytime Phone #

CR2E034 (11/98)