

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F 97 00000 1132**
1. Corporation Name
ACER PETROLEUM CORPORATION

Principal Place of Business Mailing Address
2455 E SUNRISE BLVD 4300
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2455 E SUNRISE BLVD Suite, Apt. #, etc. 22 300 City & State 23 FT. LAUDERDALE FL Zip 24 33304 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 3-5-97		4. FEI Number 75-2588702 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GEORGE F HOW II PA 953 N NEW RIVER DR EAST 4100 FT LAUDERDALE FL 33304						10. Name and Address of New Registered Agent 81 Name DELU BERGER 82 Street Address (P.O. Box Number is Not Acceptable) 2501 DEL MAR PLACE 83 84 City FT LAUDERDALE FL 85 Zip Code 33301							

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  (NOTE: Registered Agent's signature required when reinstating) DATE **4/24/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P.T.D.	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELU J. BERGER			1.2 NAME			
STREET ADDRESS	2501 DEL MAR PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDRE C. BERGER			2.2 NAME			
STREET ADDRESS	2501 DEL MAR PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INRA BERGER			3.2 NAME			
STREET ADDRESS	2501 DEL MAR PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.05(1)(b), 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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/24/98** DAYTIME PHONE # **(954) 561-1800**

CR2E034 (10/97)