Mailing Address 2455 E. SUNRISE BLVD.

STE. 300

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001132

1. Corporation Name

Principal Place of Business

2455 E. SUNRISE BLVD.

STE. 300

ACER PETROLEUM CORPORATION

FILED
May 06, 1999 8:00 am
Secretary of State
05 06 1000 00046 025 ***150 00



DO NOT WRITE IN THIS SPACE

FI. LAUDERDAI	LE PL 33304	FI. DAUDENDALE FL 33304			bo not mate in the	<u> </u>	
US		US			3. Date Incorporated or Qualifed 03/05/1997		
		A de la constant de l			4. FEI Number		plied For
	lace of Business	2a. Mailing Address				<u> </u>	t Applicable
21		26			75-2588702		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State		_	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zíp	Country	7	8. This corporation owes the current year li		
24	25	29 30	0		Personal Property Tax.	Yes الآر	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	d Agent	
			81	Name			
BERGER, DELVI				<u> </u>	(D.O. Day Number in Not Accontable)		
2501	I DEL MAR PLACE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33301				83			
						85 Zip C	`ada
			84	City	F:	_ 85 Zip ⊂ L	,00 0
44 Purcuant	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes.	the abov	e-named corp	poration submits this statement for the purpose of	of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as req	gistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes	š.			
SIGNATURE	Signature, typed or printed name of registered age	ort and title if applicable (NOTE: Re	egistered Age	nt signature require	od when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BERGER, DELVI		1.2 NAME	İ			
				TADDRESS !			Į
STREET ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	☐ DELETE	1.4 C/TY-S 2.1 TITLE	ST-ZIP		Change	☐ Addition
TITLE	V	□ pere,s	1	1	•		_
NAME	BERGER, ALEXANDRE C		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2. 4 CITY-	ST-ZIP		[] (h	
TITLE	S	☐ DELETE	3.1 TITLE	ì		Change	☐ Addition
NAME	BERGER, IARA		3.2 NAME				
STREET ADDRESS	2501 DEL MAR PL.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	ĺ			
STREET ADDRESS			4.3 STREE	T ADDRESS			İ
CITY-ST-ZIP	ĺ		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			:
CITY-ST-ZIP	1		5.4 CITY-5	ST-ZIP			
TITLE		[] DELETE	6.1 TITLE			☐ Change	Addition
NAME	1	_	6.2 NAME				
			6.3 STREE	TADORESS			
STREET ADDRESS			6.4 CITY-S				
CITY ST 7ID	1	1	■ 0.4 UIIT-3	71-417			

14. I hereby certify that the information supplied with this filing does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 attachage with all other like empowered.

REQUIRED

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: