

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

FILED

**May 13 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # G70253 (1)
 1. Corporation Name:
RICKY'S OIL, INC.



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|---|---|
| Principal Place of Business 7209 N.W. 66TH ST MIAMI FL 33166 US | Mailing Address 6330 WEST 16TH AVE HIALEAH FL 33012-6220 US |
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|--|--|
| 3. Date Incorporated or Qualified 11/16/1983 | 3a. Date of Last Report 05/01/1996 |
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|---|---|
| 21. Principal Place of Business 7209 N. W. 66th St. | 26. Mailing Address 6330 WEST 16th AVE. |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State MIAMI, FLA. | 28. City & State HIALEAH, FLA. |
| 24. Zip 33166 | 29. Zip 33012 |
| 25. Country USA | 30. Country USA |

| | |
|--|--|
| 4. FEI Number 59-2345556 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" 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 has liability for intangible tax under s. 199.032 Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent RICCI, DELLA M. 6330 WEST 16TH AVENUE HIALEAH FL 33012 | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | DP RICCI, DELLA M. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICCI, DELLA M. | 1.2 NAME | |
| STREET ADDRESS | 6330 WEST 16TH AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | 1.4 CITY-ST-ZIP | |
| TITLE | ST RICCI, ANDREW C. | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICCI, ANDREW C. | 2.2 NAME | |
| STREET ADDRESS | 6330 WEST 16TH AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 do 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.

SIGNATURE: **DELLA RICCI, PRESIDENT**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/97**
 Daytime Phone #: **(305) 872-2253**

CR2E034 (9/96)