


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**  
07-15-1999 90011 005 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **G83554** ✓  
1. Corporation Name  
**NANA'S PETROLEUM, INC.**

Principal Place of Business  
**246 E MAIN ST.  
PAHOKEE FL 33476**

Mailing Address  
**246 E MAIN ST.  
PAHOKEE FL 33476**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

9. Name and Address of Current Registered Agent  
**PEREZ, EMILIO  
246 E MAIN STREET  
PAHOKEE FL 33476**

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	P	1.1 TITLE	
NAME	PEREZ, GONZALO	1.2 NAME	
STREET ADDRESS	251 E MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	PEREZ, EMILIO	2.2 NAME	
STREET ADDRESS	251 E MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PEREZ, EDILIA	3.2 NAME	
STREET ADDRESS	251 E MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **7/1/99** Daytime Phone #: **581-924-2513**

CR2E034 (5/99)