

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90207 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **J34604**

1. Corporation Name
PETROCHEM, INC.



Principal Place of Business Mailing Address
 % PETER A. CORNILLIAC % PETER A. CORNILLIAC
 10850 SW 113 PL #220 10850 SW 113 PL #220
 MIAMI FL 33176 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1986

4. FEI Number Applied For
59-2721173 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 **PETROCHEM, INC** 26 **PETROCHEM, INC**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **4111 D NW 132nd ST** 27 **4111 D N.W. 132nd ST**
 City & State City & State
 23 **OPA-LOCKA FL** 28 **OPA-LOCKA FL**
 Zip Country Zip Country
 24 **33054-4538** 25 **DADE** 29 **33054-4538** 30 **DADE**

9. Name and Address of Current Registered Agent
DADE COUNTY CORPORATE AGENTS, INC.
420 S. DIXIE HIGHWAY
THIRD FLOOR
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
 81 Name **CORNILLIAC, PETER A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **4111 D N.W. 132nd ST.**
 83
 84 City **OPA-LOCKA** FL 85 Zip Code **33054-4538**

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]* DATE **01-15-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNILLIAC, PETER A.	1.2 NAME	
STREET ADDRESS	10850 SW 113 PL #120	1.3 STREET ADDRESS	4111 D NW 132nd ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	OPA-LOCKA FL 33054-4538
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNILLIAC, PETER A	2.2 NAME	
STREET ADDRESS	10850 SW 113 PL #120	2.3 STREET ADDRESS	4111 D NW 132nd ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	OPA-LOCKA FL 33054-4538
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **PETER CORNILLIAC** DATE: **01-15-99** DAYTIME PHONE #: **305-685-8282**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)