

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90207 013 ***150.00

DOCUMENT # J34604

1. Corporation Name

PETROCHEM, INC.

Principal Place of Business

% PETER A. CORNILLIAC
10850 SW 113 PL #220
MIAMI FL 33176

Mailing Address

% PETER A. CORNILLIAC
10850 SW 113 PL #220
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1986

4. FEI Number

59-2721173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 PETROCHEM, INC

Suite, Apt. #, etc.

22 4111 D NW 132nd ST

City & State

23 OPA-LOCKA FL

Zip

Country

24 33054-4538 25 DADE

2a. Mailing Address

26 PETROCHEM, INC

Suite, Apt. #, etc.

27 4111 D N.W. 132nd ST

City & State

28 OPA-LOCKA FL

Zip

Country

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

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 *Peter Cornillac*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-15-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CORNILLIAC, PETER A.
STREET ADDRESS 10850 SW 113 PL #120
CITY-ST-ZIP MIAMI FL

TITLE PST ☐ DELETE

NAME CORNILLIAC, PETER A
STREET ADDRESS 10850 SW 113 PL #120
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4111 D NW 132nd ST.

OPA-LOCKA FL 33054-4538

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4111 D NW 132nd ST

OPA-LOCKA FL 33054-4538

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Peter Cornillac*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CORNILLIAC

01-15-99
Date

Daytime Phone #

305-685-8282

CR2E034 (11/98)