## 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

## DOCUMENT # K71040

AMERICAN PETROI FUM COMPANY

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Principal Place	e of Business	Mailing A	ddress			1 (881011) EN (8800) (104) ED(1)	01011 8011 B1011 1	tuani arasi İsiğic a	litti ittifiti (mai
6321 S.W. 109		6321 S.W.						,	
MIAMI FL 33173 MIAMI FL 33173									
						DO NOT W	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	ed		
						03/08/1989			
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FEI Number		Ap	plied For
21		26				65-0102783			t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 <i>A</i>	
22		27				5. Certificate of States Bosiles		Fee Re	quired
City & State	e	City 8	State			6. Election Campaign Financin	g 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	L-J	Added t	o Fees
Zip	Country	Zip	_	Country	1	8. This corporation owes the co	ırrent year In		_
24	25	29	30	0		Personal Property Tax.			DANO
	<ol><li>Name and Address of Curre</li></ol>	ent Registered	Agent			10. Name and Address of Nev	v Registered	Agent	
		-		81		and Levens			
	AREZ, ALEXANDER			82	No.	Iress (P.O. Box Number is Not Acce	ntable)		
6321 S.W. 109 AVE.				622	- sul tel Av				
MIAN	/II FL 33173			83					14
				-	-	0000	1.		3 3 3 5 5
				84	City		FL	85 Zip (	ode
11 Pursuant	to the provisions of Sections 607.05	i02 and 607.150	8, Florida Statutes,	the abov	e-named cor	poration submits this statement for t	ne purpose o	f changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Suc	h change was auth	iorized by	the corporat	ion's board of directors. I hereby acc	cept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applical	ole. (NOTE: Re	egistered Age	nt signature requi	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR	S	13.		ADDITIONS/CHANGES TO	DEELCEDS A	ND DIRECTO	50.01.40
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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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90004 049 \*\*\*150.00