


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 AUG 29 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000637			
BOCHIM OIL COMPANY, L.C. 1990 N.W. 82ND AVENUE MIAMI FL 33126		1a. Principal Place of Business Address 1990 N.W. 82ND AVENUE MIAMI FL 33126			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/11/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0672490	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	RINCON, ROBERTO	1990 N.W. 82ND AVENUE		MIAMI FL	
MGR	PACANINS, CARLOS L	1990 N.W. 82ND AVENUE		MIAMI FL	
MGR	REDACTED				
MGR	REDACTED				
				500002283565--1 09/03/97--01029--006 ***588.75 ***588.75 JB a2-an	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Roger Rincon

8/15/97 325/5747684