FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 8:53

DOCUMENT # **P28041** **(2)**

1. Corporation Name
OILVEST-DELAWARE, INC.

Principal Place of Business	Mailing Address
2875 NORTHEAST 191ST STREET, #825 NORTH MIAMI BEACH FL 33180	2875 NORTHEAST 191ST STREET, #825 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 31-1049484 ☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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) (DATE: The registered agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	NEIJER-WERNER, ROLF	12 NAME	HEIJER-WERNER, ROLF
STREET ADDRESS	AVENIDA RIO CAURA, URBANIZACION PRADOS DEL	13 STREET ADDRESS	Avenida Rio Caura, Urbanizacion Prados Del Este.
CITY-ST-ZIP	TOR HUM PI	14 CITY-ST-ZIP	Torre Humboldt, Piso 16, Caracas, Venezuela
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	CAPALBO, BRIGITTE	22 NAME	
STREET ADDRESS	3745 NE 171ST, STREET #30	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	24 CITY-ST-ZIP	33160
TITLE	T	31 TITLE	☐ Change ☒ Addition
NAME	CLELAND, E GORDON	32 NAME	
STREET ADDRESS	225 CENTRAL PARK W	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	10024-6051
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 serve that 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: E.G. Cleland E.G. Cleland 1-11-95 212-595-7951
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0197303 CP