

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 23, 1999 8:00 am
Secretary of State

02-23-1999 90104 030 ***158.75

DOCUMENT # P28041

1. Corporation Name
OILVEST-DELAWARE, INC.

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

Mailing Address
**2875 NORTHEAST 191ST STREET, #825
NORTH MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1990

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **3745 NE 171st Street**

2a. Mailing Address

26 **3741 Sunny Isles Blvd.**

Suite, Apt. #, etc.

22 **#30**

Suite, Apt. #, etc.

27 **#104**

City & State

23 **N. Miami Beach, FL**

City & State

28 **Sunny Isles, FL**

Zip

24 **33160**

Country

25 **USA**

Zip

29 **33160**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MEIJER-WERNER, ROLF**
STREET ADDRESS **AVENIDA RIO CAURO, URBANIZACION PRADOS DEL**
CITY-ST-ZIP **CARACUS VE**

TITLE **S** ☐ DELETE
NAME **CAPALBO, BRIGITTE**
STREET ADDRESS **3745 NE 171ST, STREET #30**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **T** ☐ DELETE
NAME **CLELAND, E GORDON**
STREET ADDRESS **225 CENTRAL PARK W**
CITY-ST-ZIP **NEW YORK NY 10024**

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 **Avenida Rio Cauro, Urbanizacion Prados del Este**
1.4 CITY-ST-ZIP **Caracas, VE**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. G. Cleland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

212-269-0061

Daytime Phone #

CR2E034 (11/98)

0233539