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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030042 (4)

1. Corporation Name

R AND T PETROLEUM, INC.



Principal Place of Business

237 N. KROME AVE.
FLORIDA CITY FL 33034

Mailing Address

237 N. KROME AVE.
FLORIDA CITY FL 33034

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

ISLAM, MOHAMMED M
237 N. KROME AVE.
FLORIDA CITY FL 33034

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

Sign above, typed or printed name of registered agent and title (if applicable)

(Date: Register Agent's signature must be within 90 days of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D NAHID, FATIMA
2230 J. SPRING HARBOR DR.
DELRAY BEACH FL 33445

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D ISLAM, MOHAMMED M
2230 J. SPRING HARBOR DR.
DELRAY BEACH FL 33445

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D KHAN, ABDUR R
900 WEST AVE., APT. 609
MIAMI BEACH FL 33139

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D SK. MD ALLAP
1444 YELLOW THROAT STREET
HOME STATE FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE: *x s.k. allap*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

DATE

Signature Printed Name

CR2E034 (12/95)