

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUN 17 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072737 (8)

1. Corporation Name

OAKLAND PETROLEUM CORPORATION

Mailing Address
2699 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

Principal Place of Business
2699 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1993

3a. Date of Last Report

2. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Principal Place of Business

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0443171

Applied Fee

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PASTOR EMILIO C
155 S MIAMI AVE
PH 1
MIAMI FL 33130

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P/D

1.2 NAME

PAYAN ROSA M

1.3 STREET ADDRESS

11031 SW 1 CT

1.4 CITY - ST - ZIP

CORAL SPRINGS FL 33071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Sections 199.03(1)(c) and 199.03(1)(d), Florida Statutes. I further certify that the information included in 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; that the receiver or trustee empowered to execute this report as required by Chapter 607 of Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if completed, or on an attachment with an address.

SIGNATURE:

SIGNATURE A. O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/94 (305) 4846525