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

APPROVED AND FILED

95 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009527 (0)**

1. Corporation Name

PINNACLE COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
15030 S W 127TH PL MIAMI FL 33186	15030 S W 127TH PL MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994	3a. Date of Last Report
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 65-0466462	☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, GEORGE
15030 S W 127TH PL
MIAMI FL 33186

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 changed) (DATE)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	George Rodriguez 15030 SW 127pl Miami Fl 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE: _____ 8/10/95 305 251-9037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000009656 (7)

1. Corporation Name

GGR OIL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
%QUARLES & BRADY 222 LAKEVIEW AVE W PALM BEACH FL 33402-3188	%QUARLES & BRADY 222 LAKEVIEW AVE W PALM BEACH FL 33402-3188

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3200 SHAWNEE #1	26 3200 SHAWNEE
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 #1
City & State 23 W. PALM BEACH, FL	City & State 28 W. PALM BCH, FL
Zip 24 33409 Country 25 U.S.A.	Zip 29 33409 Country 30 U.S.A.

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:
4. FEI Number: 65-0470507 [ ] 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 [x] No

9. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVE
W PALM BEACH FL 33402-3188

10. Name and Address of New Registered Agent

81 Name: Robert A Goldberg — Florida Address
82 Street Address (P.O. Box Number is Not Acceptable): 16945 North Chase — 102 Half Moon Cir
83 Suite 1570 — Half Moon Bay Lake Worth, Fl.
84 City: Houston TX FL 85 Zip Code: 77060 33462-5484

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 Robert A Goldberg - Pres. ROBERT A GOLDBERG 2/20/95

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Robert A Goldberg
STREET ADDRESS	15010 Falling Creek
CITY ST ZIP	Houston, TX 77060
TITLE	Gilbert Gertner - Chmn
NAME	
STREET ADDRESS	1400 Post Oak Blvd Suite 500
CITY ST ZIP	Houston, TX 77056
TITLE	V.P. - Sec.
NAME	Jovice Lemmings
STREET ADDRESS	1400 Post Oak Blvd Suite 500
CITY ST ZIP	Houston, TX 77056
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries 1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP; [ ] Change [ ] Addition)

#1 DEPOSITED BY BANK

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 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.

SIGNATURE: Robert A. Goldberg 2/20/95 713 876 6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LW 3-24-95

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