

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000040626 (1)

1. Corporation Name

HABIB PETROLEUM CORP.

95 JAN 24 PM 12:44

Principal Place of Business

Mailing Address

2970 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

2970 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1994

2. Principal Place of Business

2a. Mailing Address

21 West Palm Beach

25 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2970 N. Military Trail

27

City & State

City & State

23 West Palm Beach

28

Zip

Zip

24 FL

29

25 Palm Beach

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9. Name and Address of Current Registered Agent

HABIB, MARK

2970 NORTH MILITARY TRAIL

WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name SAME

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME HABIB, MARK

STREET ADDRESS 18145 S.E. HERITAGE DR.

CITY - ST - ZIP TEQUESTA FL 33469

TITLE D

NAME HABIB, MARY H

STREET ADDRESS 18145 S.E. HERITAGE DR.

CITY - ST - ZIP TEQUESTA FL 33469

TITLE D

NAME HABIB, SELIM

STREET ADDRESS 18145 S.E. HERITAGE DR.

CITY - ST - ZIP TEQUESTA FL 33469

TITLE D

NAME HABIB, STELLA

STREET ADDRESS 18145 S.E. HERITAGE DR.

CITY - ST - ZIP TEQUESTA FL 33469

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/17/95

407-6830430