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Jul 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054154 (7)

1. Corporation Name

WESTERN OIL CORPORATION

Principal Place of Business

400 S POINTE DR SUITE 2106
MIAMI BEACH FL 33139

Mailing Address

400 S POINTE DR SUITE 2106
MIAMI BEACH FL 33139-7361



3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 300 S. Pointe Dr.

Suite, Apt. #, etc.

22 SUITE 1004

City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 300 S. Pointe Dr

Suite, Apt. #, etc.

27 SUITE 1004

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 USA

4. FEI Number

65-0506050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
11891 US HWY ONE
NORTH PALM BEACH FL 33408

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 D
NAME STRASDAS, VOLDEMAR A
STREET ADDRESS 400 S POINTE DR SUITE 2106
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D
NAME ARRIZURIETA, JORGE L
STREET ADDRESS 400 S POINTE DR SUITE 2106
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D
NAME KEENAN, DAVID
STREET ADDRESS 400 S POINT DR SUITE 2106
CITY-ST-ZIP MIAMI BEACH FL

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

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 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

JORGE L.

01/24/96

(954)

1-211-1013

CR2E034 (9/96)