

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90012 028 ***550.00

DOCUMENT # P94000054154

1. Corporation Name
WESTERN OIL CORPORATION

Principal Place of Business: **300 S POINTE DR SUITE 1004 MIAMI BEACH FL 33139 US**
 Mailing Address: **300 S POINTE DR SUITE 1004 MIAMI BEACH FL 33139 US**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1994**

4. FEI Number: **65-0506050** 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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

City & State: **28**

Zip: **29** Country: **30**

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: _____ State: **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE: D | <input type="checkbox"/> DELETE | 1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: ARRIZURIETA, JORGE L | | 1.2 NAME: _____ | |
| STREET ADDRESS: 400 S POINTE DR SUITE 2106 | | 1.3 STREET ADDRESS: 300 S. POINTE DR SUITE 1004 | |
| CITY-ST-ZIP: MIAMI BEACH FL 33139 | | 1.4 CITY-ST-ZIP: MIAMI BEACH FL 33139 | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | 2.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 2.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 2.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | 3.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 3.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 3.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | 4.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 4.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 4.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | 5.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 5.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 5.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | 6.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 6.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 6.4 CITY-ST-ZIP: _____ | |

14. I 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: _____ Date: **July 7, 1999** (574) 627-5013

CR2E034 (5/99)