

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000073613 (9)

1. Corporation Name

TRANSAMERICA OIL CORP



Principal Place of Business

Mailing Address

10250 N.W. 89TH AV. #2
MEDLEY FL 33178

10250 N.W. 89TH AV. #2
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3274956

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7320 NW 43 St

Suite, Apt. #, etc.

22

City & State

23 Miami Florida

Zip

24 33166

Country

25 US

2a. Mailing Address

26 7320 NW 43 St.

Suite, Apt. #, etc.

27

City & State

28 Miami Florida

Zip

29 33166

Country

30 US

9. Name and Address of Current Registered Agent

CAMPINS, ALVARO
10250 N.W. 89TH AV
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name

CAMPINS, ALVARO

82 Street Address (P.O. Box Number is Not Acceptable)

7320 NW 43 St.

83

84 City

Miami

FL

85 Zip Code

33166

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 ☐ DELETE

NAME PTD
CAMPINS, ALVARO
STREET ADDRESS 10250 N.W. 89TH AV., #2
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ DELETE

NAME VD
OTAOLA, MIGUEL
STREET ADDRESS 10250 N.W. 89TH AV., #2
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ DELETE

NAME SD
BERRIZBEITIA, FRANCISCO
STREET ADDRESS 309 MAJORCA AV.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PTD - ALVARO CAMPINS

1.3 STREET ADDRESS 7320 NW 43 St.

1.4 CITY-ST-ZIP Miami FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VD - MIGUEL OTAOLA

2.3 STREET ADDRESS 7320 NW 43 St.

2.4 CITY-ST-ZIP Miami, FL 33166

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 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:

Frank Berrizbeitia

FRANK BERRIZBEITIA

4/29/98 (305) 591-4400

CR2E034 (10/97)