

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90019 013 \*\*\*150.00

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

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000005079</b> ✓ 1. Corporation Name <b>MAGNUM PETROLEUM, INC</b>			
Principal Place of Business 2353 NW 17 Ave Miami, FL 33142		Mailing Address 2353 NW 17 Avenue Miami, FL 33142	
2. Principal Place of Business 21 1601 NW 119 St Suite 801 B, etc. 22 City & State 23 Miami, FL 24 Zip 33167 25 Country		2a. Mailing Address 26 1601 NW 119 Street Suite 801 B, etc. 27 City & State 28 Miami, FL 29 Zip 33167 30 Country	
3. Date Incorporated or Qualified 01/18/1995		4. FEI Number 65-0549315	
5. Election Campaign Financing Trust Fund Contribution		Applied For Not Applicable Fee Required \$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 X No			
9. Name and Address of Current Registered Agent Vidal, Pedro L 2353 NW 17 Avenue Miami, FL 33142		10. Name and Address of New Registered Agent 81 Name Tomas Pequeno 82 Street Address (P.O. Box Number is Not Acceptable) 1601 NW 119 Street 83 84 City Miami FL 85 Zip Code 33167	
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 <i>Tomas Pequeno</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME Vidal, Pedro L STREET ADDRESS 2353 NW 17 Avenue CITY - ST - ZIP Miami, FL 33142	DELETE X	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change Addition
TITLE DV NAME Pequeno, Tomas STREET ADDRESS 2353 NW 17 Avenue CITY - ST - ZIP Miami, FL 33142	DELETE	2.1 TITLE DP 2.2 NAME 2.3 STREET ADDRESS 1601 NW 119 Street 2.4 CITY - ST - ZIP Miami, FL 33167	Change X Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Change Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Tomas Pequeno</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/19/99 (305) 881-1511 Daytime Phone #	

CR2E034 (10/97)