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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058354

1. Corporation Name

TOP PETROLEUM EQUIPMENT, INC.

Principal Place of Business

URB STA MONICA

Mailing Address

7421 NW 54 ST MIAMI FL 33122

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90078 019 ***150.00



CALLE GIL FOR CARACAS, VEN	RTOUL QUINTA SILVIA	MIAMI FL 33122			DO NOT WRITE IN THIS SPACE				
ORITHORO, VER	EZOCIA				3. Date Incorporated or Qualifed 07/28/1995				
2. Principal Pla	ace of Business	2a. Mailing Address	<u>. ე</u>	01	4. FEI Number		×	+ • •	ed For
21 / / -	1 NW 54 ST	26 16140 SOUTH	POST	· Kd	65-0597988				Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Ad e Requ	ditional iired
- City & State - City & State City & State City & State				DA	6. Election Campaign Financing Trust Fund Contribution		•	00 M ded to	,
Zip 33/6	Country 25 /SA	Zip 29 33331 30	Country	SA	This corporation owes the current ye Personal Property Tax.		ngible 🏻 Yes	Į.	No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regist	ered A	gent		
			81	Name					
H.M.B.C. INC 9211 KENDALE BLVD MIAMI FL 33176				82 Street Address (P.O. Box Number is Not Acceptable)					
			84	City			85	Zip Co	de
		1007 4500 51 11 50	<u> </u>			F L	hangin	a ite re	nietered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o π familiar with, and accept the obligati	f Flonda. Such change was autho	orizea by	tne corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the	appoint	ment a	s regi	stered
SIGNATURE		ALOTE D			pired when reinstating) DA	TF			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature requ	ADDITIONS/CHANGES TO OFFICER		DIRE	CTOR	S IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		7,001110110303131313131313131313131313131		☐ Cha		Addition
NAME	MARQUEZ, FERNANDO		1.2 NAME						
STREET ADDRESS	AV PAEZ RES.T/PARAISO P/23	234-C		T ADDRESS					
CITY-ST-ZIP	CARACAS, VENEZUELA	20.0	1.4 CITY-S				•		
TITLE	D	☐ DELETE	2.1 TITLE	,,- <u>L</u>			☐ Cha	nge	☐ Addition
NAME	DE VILLA, GONZALO	_	2.2 NAME	•					
STREET ADDRESS	MONTALBAN III P/8-C RES COI	гомото		TADORESS					
CITY-ST-ZIP	CARACAS, VENEZUELA		2. 4 CITY-1	i					
TITLE "	+	DELETE	3.1 TITLE	-			Cha	inge 📆	Addition
NAME			3.2 NAME						
STREET ADDRESS		1	l.	T ADDRESS					
CITY-ST-ZIP		•	3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Cha	nge	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ınge	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					- A.C. 190
TITLE		☐ DELETE	6.1 TITLE				Cha	ınge	☐ Addition
NAME	į		6.2 NAME						
STREET ADDRESS	!			T ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (954)349-28-31