

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P95000075661 (5)

1. Corporation Name
151 PETROLEUM CORP.

Principal Place of Business
806 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

Mailing Address
806 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

FILED

97 JUL 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/27/1995 | | 3a. Date of Last Report 05/01/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0611817 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent RAO, RAMESH 190 SANTA CLARA DRIVE #3 NAPLES FL 33942 | | | | 10. Name and Address of New Registered Agent 81 Name Ramesh RAO 82 Street Address (P.O. Box Number is Not Acceptable) 606 N Federal Highway 83 84 City Ft Lauderdale FL 85 Zip Code 33304 | | | |
|---|--|--|--|---|--|--|--|

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | RAO, RAMESH | 190 SANTA CLARA DRIVE #3 | NAPLES FL 33942 | | RAMESH RAO P+O | 4505 W ATLANTIC BLVD A/608 | COLONOT CREEK FL 33066 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | | | | | | 000002245330--2 | -07/23/97--01081--013 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | | | | | ***558.75 | ***558.75 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | 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, changed, or on an attachment with an address.

SIGNATURE

Ramesh RAO

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