


FILED

Apr 29 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Apr 29 1997 8:00am Secretary of State</div>																																																																																																													
<div>DOCUMENT # P95000085042 (6)</div> <div>1. Corporation Name American Petroleum Services, Inc.</div>																																																																																																																	
<div>Principal Place of Business 3026 NW 72 Ave Miami, Fl. 33122</div>			<div>Mailing Address SAME</div>																																																																																																														
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country</div>		<div>3. Date Incorporated or Qualified 11/6/95</div> <div>3a. Date of Last Report 4/30/96</div> <div>4. FEI Number 65-0622553</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>																																																																																																													
<div>9. Name and Address of Current Registered Agent Wachs, Jeffrey 1177 SE 3rd Ave Ft. Laud, Fl. 33316</div>				<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</div>																																																																																																													
<div>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.</div>																																																																																																																	
<div>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____</div>																																																																																																																	
<div>12. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>Paul, William</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3026 NW 72 Ave</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, Fl. 33122</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>Tavio, Nomar</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3026 NW 72 Ave</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, Fl. 33122</td><td></td></tr><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>Quinteiro, Nelson</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3026 NW 72 Ave</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, Fl. 33122</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>Cordero-Febres, Reynaldo</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3026 NW 72 Ave</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, FL. 33122</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	P	<input type="checkbox"/> DELETE	NAME	Paul, William		STREET ADDRESS	3026 NW 72 Ave		CITY-ST-ZIP	Miami, Fl. 33122		TITLE	VP	<input type="checkbox"/> DELETE	NAME	Tavio, Nomar		STREET ADDRESS	3026 NW 72 Ave		CITY-ST-ZIP	Miami, Fl. 33122		TITLE	S	<input type="checkbox"/> DELETE	NAME	Quinteiro, Nelson		STREET ADDRESS	3026 NW 72 Ave		CITY-ST-ZIP	Miami, Fl. 33122		TITLE	T	<input type="checkbox"/> DELETE	NAME	Cordero-Febres, Reynaldo		STREET ADDRESS	3026 NW 72 Ave		CITY-ST-ZIP	Miami, FL. 33122		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <table border="1"><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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<div>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 if changed, or on an attachment with an address.</div>																																																																																																																	
<div>SIGNATURE: William Paul</div>			<div>4/25/97 (305) 477-8677</div>																																																																																																														

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