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 # P9600001282

1. Corporation Name CRUZOIL INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90212 029 ***150.00



Principal Place of Business Mailing Address						1 1401140 1101 01111 01111		***		
19470 N.W. 8TH STREET 19470 N.W. 8TH STREET										
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed		T AGE		
						01/04/1996			ł	
20 Mailine Address						4. FEI Number		- I Ar	plied For	
2. Principal Place of Business 2a. Mailing Address			adress			65-0634592			ot Applicable	
21		26	Suite, Apt. #, etc.			03 0004332	73 × 77	\$8.75		
- Suite, Apt.	#, etc.	— — · `	. #, etc.	. –		5. Certifcate of Status Desired		Fee Re		
22 City 8 Ctat		27 City & Sta				C Starting Compaign Financing				
City & State		⊢ , ′	⊢ ; ′			, ,	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28 Zip		Country		8. This corporation owes the cur	rent year Inta			
	. —	29	30			Personal Property Tax.	•	∐ Yes	□No	
24 25 29 9. Name and Address of Current Registered Agent				- 1		10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent					Name			·#		
HOLBROOK, FRANCINE D					W-10-1					
1600 S BAYSHORE LANE				82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE #2B					 					
MIAMI FL 33133				83						
				84	City		FL	85 Zip (Code	
44 Divisions	to the acceptance of Continue 607 DE	02 and 607 1509 E	lorida Statutos 1	he above	p-named (corporation submits this statement for the	numoso of o	hanging its	registered	
office or r	egistered agent, or both, in the State	of Florida, Such chations of Section 6	nange was autho 17 0505. Florida	rized by	the corpo	pration's board of directors. I hereby acce	pt the appoin	tment as re	gistered	
	· · · · · · · · · · · · · · · · · · ·	anona or, occitor o	J1,0000, 110/100	Otalalos	•					
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					nt signature re	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO O	FICERS AND	O DIRECTO		
TITLE	DP DELETE 1.11		1.1 TITLE				Change	☐ Addition		
NAME	CRUZ, CLEMENTE J 12N								ļ	
STREET ADORESS	19470 N.W. 8TH ST. 135			1.3 STREE	T ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 140			1.4 CITY-S	T-ZIP					
TITLE				2.1 TITLE				☐ Change	☐ Addition	
NAME	CRUZ, TERESA 22N				}					
STREET ADDRESS					T ADDRESS				ł	
CITY-ST-ZIP*	PEMBROKE PINES FL	ين. پتيدر ،	. 2	2. 4 CITY-5	ST-ZIP		<u> </u>	<u>.</u>	<u> </u>	
TITLE	DSVP	Ĺ	DELETE	3.1 TITLE		-		☐ Change	☐ Addition	
NAME	CRUZ, CLEMENTE E	•	1	3.2 NAME	Ì					
					TADORESS					
CITY-ST-ZIP	SUNRISE FL 3.4.CI				ST-ZIP	f				

☐ Change Addition ☐ DELETE 4.1 TITLE DVPT TITLE CRUZ, ANGEL 4. 2 NAME NAME 1021 S.W. 177TH WAY 4.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME HOLBROOK, FRANCINE D NAME 5.3 STREET ADDRESS 1600 S BAYSHORE LANE #2B STREET ADDRESS MIAMI FL 5.4 CfTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZiP CITY-ST-ZIP

SIGNATURE:

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, with all other like empowered.