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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018792 (7)

PETRO EXPRESS, INC.

FILED Apr 30 1997 8:00am Secretary of State



| | | | | | | 0 0 1 1 1 1 1 1 1 1 |
|---|--------------------------------|---|-------------|---|--|---------------------------------------|
| Principal Place of Business Mailing Address | | | | | | 0 6 100 0 0 0 0 |
| 15262 NATURES POINT LANE WEST PALM BEACH FL 33414 | | 15262 NATURES POINT LANE WEST PALM BEACH FL 33414-7123 | | | | |
| | | | | | 3. Date Incorporated or Qualified 02/27/1996 | 3a. Date of Last Report |
| 2. Principal Place of Business | | 28. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 65-056336 | Not Applicable | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country Zip Co | | Countr | Country 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | | 30 | | | Yes No |
| | 9. Name and Address of Current | Registered Agent | | .1 | 10. Name and Address of New Regi | stered Agent |
| | ASEOTES, VASILIOS S | | 81 | Name | | |
| 15262 NATURES POINT LANE WEST PALM BEACH FL 33414 | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| . *** | EST FALM DEACH PL 33414 | | 83 | 3 | | |
| | | | 84 | City | | FL 85 Zip Code |
| 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 little of applicable (NOTE: Registered Agent agnature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PTSD | DELETE | 1.1 THLE | | | Change Addition |
| NAME | HASEOTES, VASILIUS S | े त | 1.2 NAME | | | |
| STREET ADDRESS | 15242 NATURES POLICE | T LANE | 1.3 STREE | T ADDRESS | | [8 |
| CITY-ST-ZIP | SAGO NATURES POINT | 23414 | 1.4 CITY- | ST-ZIP | | 5 |
| TITLE | DELETE 21 | | 2 1 TITLE | | | ☐ Change ☐ Addition C |
| NAME | | | 22 NAME | | | |
| STREET ADDRESS | s | | 2 3 STREE | 1 ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CiTY- | - ST- ZIP | | |
| TITLE | | L_ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | | |
| STREET ADDRESS | s | | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 3.4. CITY - | ·ST-2IP | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | s | | 4.3 STREE | 1 ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - | ST-ZIP | | |
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| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | s | | 5.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 5.4 C(1) | S1 - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | ş | | 6.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | 1 | | 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 if changed, or on an attachment with an address.