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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018792 (7)

PETRO EXPRESS, INC.

Principal Place of Business

Mailing Address

15262 NATURES POINT LANE WEST PALM BEACH FL 33414 15262 NATURES POINT LANE WEST PALM BEACH FL 33414

FILED May 01 1998 8:00am Secretary of State



WEST PALM BEACH FL 33414		WEST PALM BEACH FL 33414			DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualified 02/27/1996		
2. Principal Pi	ace of Business	2a. Mailing Address				4.	I. FEI Number		Applied For
21 1808	26				"	65-0563361	-	Not Applicable	
Suite, Apt.	WRTH FL	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired			
City & State 23 334	61								
Zip	Country	Zip	Coul	ntry		R	. This corporation owes or has paid the cur		
24	25	29	30					Yes	□ No
	9. Name and Address of Current	Registered Agent		• • •		10.	Name and Address of New Registered	Agent	
	SE O TES, VASILIOS S			81	Name				
15262 NATURES POINT LANE			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)					
WE	ST PALM BEACH FL 33414			83					
				84	City		FL	85	Zip Code
01106 0110	to the provisions of Sections 607.050? egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such chan ge wa :	s authorized	i by t	the corporation	oration ion's b	on submits this statement for the purpose of board of directors. I hereby accept the app	changi ointmen	ng its registered it as registered
SIGNATURE	Signature, typed or printed name of registered agos	Land like if applicable (No	OTE: Registored	Agent	l signature require	ed when	n reinstating) DATE		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.		1 -		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	PTSD	DELETE	1.1 TIT	LE				Cha	nge 🔲 Addition
NAME	HASEOTE, VASILIOS S II		1.2 NA	ME					
STREET ADDRESS	15263 NATURES POINT LN		1.3 \$10	REET A	DDRESS				
CITY-ST-ZIP	WELLINGTON FL		1.4 CIT	Y-ST-	- ZIP				
TITLE		DELETE	2.1 TiT	LE				Char	nge Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STF	REET A	DDRESS				
CITY-ST-ZIP			2. 4 CI		- ZIP				
TITLE		☐ DELETE	3.1 T()	LE			•	Char	nge L Addition
NAME			3.2 NA						
STREET ADDRESS			3.3 STF	REET A	DORESS				
CITY-ST-ZIP		DI BULETE	3.4. CI		- ZIP			T 1 6) .	
TITLE		☐ DELETE	4.1 TIT					Char	nge L Addition
NAME STREET ADDRESS			4. 2 NA		annraa .				
			1		DDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TITI		- 202			☐ Char	nge Addition
NAME			5.2 NA					VIII	igo radollon
STREET ADDRESS			I '		DDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TITI		. 711,		, p	Char	nge 🔲 Addition
NAME			6.2 NA						
STREET ADDRESS					DDRESS				
CITY+ST-ZIP			6.4 CIT						
			_ U.7 UII						

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 attactment with an address.

MONATURE MANUELLIA XIAMA MIN (MING)

CR2E034 (10/97)