## 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 # **P96000029493** (9)

PETROLEUM ENGINEERING OVERSEAS, INC.

Principal Place of Business

Mailing Address

FILED

97 AUG 20 PM 3: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1840 W 49TH 8 HIALEAH FL 83	ST. <b>Suite</b> #603-5 1012	1840 W 49TH ST. SUITE ( HIALEAH FL 33012-2950	1840 W 49TH ST. SUITE #603-5 HIALEAH FL 33012-2950									
							3. Date Incorporated or Qua 04/04/1996	lified	<b>3a.</b> Da	te of Last	Report	7
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		L	·	Applied For	1
21		26	~~ <del>    </del>				65 - 065 6(23 Not Applica					,]
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<del></del>				5. Certificate of Status Desire	he	П		Additional	
22		27									Required	4
City & State	9	City & State	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Co	untry	,	B. This corporation has liability for intangible tax under s. 199.032,						+
24	25	29	30			Florida Statutes						
	9. Name and Address of C	urrent Registered Agent					10. Name and Address of N	ew Reg	Istered A	gent		]
	t, David J			81	Name							
	N BISCAYNE BLVD #1717			82	Street	Addres	s (P.O. Box Number is Not Ac	ceptabl	م مد م			4
MIAN	AII FL 33132						Address (P.O. Box Number is Not Acceptable) 36767 -08/21/9701087012					
				83	l			*170			170.00 _	}
				84	City			7-1 J LJ			p Code	1
17. <b>4</b>		7.01.00		<u> </u>	L				<u>FL</u>	<u> </u>	·	
office or re	to the provisions of Sections 60 egistered agent, or both, in the	7.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	os, the a authorize	ibovi id by	e-named / the corp	t corpor poration	ation submits this statement to a's board of directors. I hereby	r the pu accep	irpose of the appo	changing sintment :	g its registered as registered	
agent. I a	m familiar with, and accept the	obligations of, Section 607.0505, Flo	orida Sta	tute	S.							
SIGNATURE	Signature, typed or printed name of register	(NOT	C. Populate	d And	ont clamature	n toquired	when reinstaling)		DATE			
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO	OFFICI	-	DIRECTO	ORS IN 12	70
TITLE	D	DELETE	1.1 TITLE			0	<del></del>			X Change		18
NAME	MAAS, WILLEM			12 NAME MA			IS, WILLEYI					1
STREET ADDRESS	P O BOX 145045		1,3 STREET ADDRESS			Po	PO BOX 1024 /4101 WASA RD 1 SUITEIUZ					
CITY-ST-ZIP	BRACKEN GARDEN 1452	S AFRICA	1,4 0	(TY - S	T - ZIP	SE	ABROOK TX 77586					18
TITLE	DELETE			2.1 TITLE						☐ Change	e Addition	70
NAME			2.2 N	AME								
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CITY-ST-ZIP					ST-ZIP	ļ						
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NAME			3.2 N									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		DELETE			ST-ZIP	<del> </del>				Change	a Addition	4
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STREET ADDRESS					ADDRESS	1						
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TITLE		DELETE	5.1 T		1 - 247		.,	-26	-20	Chano	B Addition	1
NAME		_ "		5.2 NAME				7	w			
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			4		I - ZIP							
TITLE		DELETE	6.1 7			1	·	···-		Change	e Addition	7
NAME			6.2 N	AME								
STREET ADDRESS			6.3 S	TREET	ADDRESS							
CITY-ST-ZIP			5.4 C	11Y-S	T-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 ennual 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.

CICMATURE

William William

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