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 # P96000077219

1. Corporation Name

ZAVERI OIL, INC.

Principal Place of Business

Mailino Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90081 017 ***150.00



i illioipai i lacc	, OI @dbii1000					
		7350 W. FLAGLER STREET MIAMI FL 33144			DO NOT WRITE IN THIS SPACE	
	•				3. Date Incorporated or Qualifed 09/17/1996	
Principal Place of Business					4. FEI Number . Applied For	
ন ়	26				65-0697653 Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
27					Fee Required	
City & State	e	City & State	•		6. Election Campaign Financing \$5.00 May Be	
3	28				Trust Fund Contribution Added to Fees	
Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes	
4						
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
RUTI	ecki, mark c esq.		02	Charact Add	Table (D.O. Bay Number in Not Acceptable)	
100 SOUTHEAST 2ND STREET			82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
INTERNATIONAL PLACE, SUITE 3350			83			
MIAN	VII FL 33131		oxdot	<u> </u>		
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was autho	orized by	the corporati	on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	3.	•	
SIGNATURE					ed when reinstating) DATE	
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	□ DELETE	1.1 TITLE	·····	☐ Change ☐ Addition	
		809 SW 161 TERS	1.2 NAME		_ · _	
NAME						
STREET ADDRESS	13945-SOHTHWEST 68-STREE	7, #204 Min, OL. 22/77		TADDRESS		
CITY-ST-ZIP	MIANU FL 23183	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Additio	
TITLE	P					
NAME	ZAVERI, IMRAN	2450 122 NO TERR.	2.2 NAME			
STREET ADDRESS	ZAVERI, IMRAN 15688 SW 82 GIR LN # 24 14241 SW 172ND TERR. 22N MIAMILET MIAMILET 235 240			TADDRESS	للله المستد المليدي المنظر لمائلة في المعمرة الدالم المال الدالم والدالم المناف	
CITY-ST-ZIP	MIAMI-FL M	IAMI PL WITT	2.4 CITY-	ST-ZIP	Channa C Addition	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS	3.33		3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP		
TITLE	·	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	the second second		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	• •		4.4 CITY-5	ST-ZIP	·	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			5.3 STREE	T ADDRESS		
			5.4 CITY-S	ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio	
			6.2 NAME		2 • 2	
NAME				T ADDRESS		
STREET ADDRESS			Į.			
CITY, ST. 73P			6.4 CITY-5	SI-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 chapted, or on an absolute with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVERI

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(305) 261.35

Daytime Phone #

(R2E034 (11/98)