

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90126 015 \*\*\*158.75

DOCUMENT # P96000087071

1. Corporation Name  
CONSOLIDATED OIL MANAGEMENT CORPORATION

Principal Place of Business

1101 BRICKELL AVENUE  
#1400  
MIAMI FL 33131  
US

Mailing Address

P.O. BOX 143-557  
CORAL GABLES FL 33114  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

NOT APPLICABLE

Applied For

No: Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2655 LEJUNNE ROAD

Suite, Apt. #, etc.

22 500

City & State

23 CORAL GABLES, FLA

Zip

24 33134

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MASCION, ALBERTO DIAZ  
1101 BRICKELL AVENUE  
#1400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MASVIDAL ALBERTO D

82 Street Address (P.O. Box Number is Not Acceptable)

2655 LEJUNNE ROAD

83

SUITE # 600

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.050 and 607.150, 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 title if applicable

MASVIDAL ALBERTO D APRIL 25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

GOTT  
GUTIERREZ, NICOLAS  
1101 BRICKELL AVENUE #1400  
MIAMI BEACH FL 33131

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PST  
MASVIDAL, ALBERTO D  
1105 SW 133RD COURT  
MIAMI FL 33186

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

DIRECTOR, SEC.  
MASVIDAL ALBERTO D.  
1105 S.W. 133 CT  
MIAMI, FLA 33186

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

V.S.  
GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

GUTIERREZ, NICOLAS  
1101 BRICKELL AVE, SUITE 1400  
MIAMI, FLA, 33131

☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MASCION ALBERTO D.

Date

4/26/99 3:58:54 PM

Daytime Phone #

0177006

CR2E034 (11/98)