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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

0207747

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091972 (5)

SIEGEL NATURAL GAS CORP.

Principal Place of Business Mailing Address POST OFFICE BOX 524228 7400 NORTHWEST 30TH AVENUE MIAMI FL 33152-4228 MIAMI FL 33147 3. Date Incorporated or Qualified 11/07/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65 - C Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 28 23 Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NEVINS, ARNOLD 46 SOUTHWEST FIRST STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** MIAMI FL 33130 83 84 City Zip Code 85 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 farmitar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) PD DELETE Change TITLE 1.1 TITLE SIEGEL, KENAN NAME 1.2 NAME POST OFFICE BOX 524228 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 1.4 CITY-ST-ZIP CITY - \$1 - ZIP ST DELETE Change Addition TITLE 2.1 TITLE SIEGEL, ROBERT NAME 2.2 NAME POST OFFICE BOX 524228 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33152 2.4 CITY-ST-ZIP CHY-SI DELETE Change Addition TITLE 3.1 TITLE HAME 3.2 NAME 3.3 STREET ADDRESS STREET ACORESS CHY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIF TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAMi **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CO1Y: \$1-20 HILE DELETE 6.1 TITLE ☐ Change Addition NAME 62 NAME

63 STREET ADDRESS

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