SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000093409 (6)

EVANA PETROLEUM CORP.

Sulte, Apt. #, etc.

Principal Place of Business	Mailing Address			
601 SE 17TH STREET CAUSWAY FORT LAUDERDALE FL 33316	601 SE 17TH STREET CAUSWAY FORT LAUDERDALE FL 39318			
2. Principal Place of Business	2a. Mailing Address			

Suite, Apt. #, etc.

**FILED** Aug 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

11/14/1996

65-0707843

4. FEI Number

22	27						5. Certificate of Status Desired Fee Required			
	City & State City & State					6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country			8. This corporation owes or has paid the current year Intengible			
24 25 29 30		30	Personal Property Tax due June 30. Yes No							
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
NABI, DILARA 601 SE 17TH STREET CAUSWAY					ויפ	Name				
					82 Street Address (P.O. Box Number Is Not Acceptable)					
FORT LAUDERDALE FL 33316					83					
					84 City 85 Zip Code					
					'   FL   '					
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 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. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.				13.						
TITLE	PD		DELETE	1.1 TITLE			Change Addition			
NAME				1.2 NAM	E		status.			
AASEA ADAOID DDIVE				1.3 STRE	EETA	DORESS				
CITY-ST-ZIP	BOÇA RATON FL 33498			1.4 CITY	'-ST-2	ZIP				
TITLE	TSD		DELETE	2.1 TITLE			Change Addition			
NAME	NA <b>B</b> I, HABIBUN	•		2.2 NAM	E					
STREET ADDRESS	18953 ADAGION DRIVE			2.3 STRE	ETA	DDRESS				
CITY-ST-ZIP	BOÇA RATON FL 33498			2.4 CITY						
TITLE			DELETE	3.1 TITLE			Change Addition			
NAME		•		3.2 NAM	Ε		Similar			
STREET ADDRESS	•			3.3 STRE	ETA	DDRESS				
CITY-ST-ZIP				3.4 CITY	-ST-2	IP				
TITLE		Γ	DELETE	4.1 TITLE			Change Addition			
NAME	-	-		4.2 NAM	E		stange regions			
STREET ADDRESS				4.3 STRE	ETA	DORESS				
CITY-ST-ZIP				4.4 CITY	-ST-2	IP I				
TITLE			DELETE	5.1 TITLE	E		Change Addition			
NAME		_		5.2 NAM	E					
STREET ADDRESS				5.3 STRE	ET A	DORESS				
CITY-ST-ZIP				5.4 CITY	-ST-Z	IP				
TITLE			DELETE	6.1 TITLE			Change Addition			
NAME	٠.	·	<u> </u>	6.2 NAM	E					
STREET ADDRESS				6.3 STRE	ETA	DDRESS				
CITY-ST-ZIP				6.4 CITY						
AA I baabaaa	er than the transfer		1 114 6 11	0.4 011 1	3172		440 05(01/2) El 11 01 (1 11 01 01 01 01 01 01 01 01 01 01 01 01			

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 attachment with an address.

LIANTHIN NADT