PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000094429

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90009 013 ***150.00

OKEECH	OBEE OIL, INC.								
Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,	•			
2905 WEST OKEECHOBEE ROAD HIALEAH FL 33010 HIALEAH FL 33010						DO NOT WRITE	IN THIS SPACE		
					3. Date incorporat		IN THIS SPACE		
					11/19/1996	or domes			ı
2. Dánainaí Di	lace of Business	2a. Mailing Address			4. FEI Number		I Ao	plied For	
- '	RACE DI BUSINERS	26			65-0709920	1		t Applicable	l
Suite, Apt. i	# etc	Suite, Apt. #, etc.					\$8.75		ı
22	, ou.	27			5. Certifcate of St	atus Desired L	Fee Re	puired	ĺ
City & State	9	City & State			6. Election Campa	ign Financing ,	\$5.00	May Be	
23		28			Trust Fund Cor		Added 1	•	ł
Zip	Country	Zip	Co	untry	8. This corporation	n owes the current			
24	25	29	30		Personal Prope			□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Add	trass of New Reg	latered Agent		. `
				81 Name			•		
	MM, BRUCE			82 Street	Address (P.O. Box Number	r is Not Acceptable	<u> </u>		i
	SO DADELAND BLVD. STE 100						·	_	i
MIAN	Ali FL 33156			83					l
				84 City			85 Zip 0	ode	ı
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11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with and accent the phina	2 and 607.1508, Florida Stat of Florida. Such change was tions of Section 607.0505. F	utes, the a authorized	above-named d by the corp	corporation submits this stronger of directors.	stement for the pur I hereby accept the	pose of changing its ne appointment as re	registered gistered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change was tions of, Section 607.0505, F	utes, the a authorize lorida Stat	above-named d by the corp tutes.	corporation submits this strong transfer or corporation submits this strong of directors.	stement for the pur I hereby accept the	pose of changing its a appointment as re	registered gistered	
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, hoped or printed name of registered agen				equired when rematating)		pose of changing its ie appointment as re-		8)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO ID DIRECTORS		d Agent signature	equired when rematating)		pose of changing its ne appointment as re- DATE ERS AND DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	TE: Registered	d Agent signature	equired when rematating)		pose of changing its ie appointment as re-		(11/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PTD ZUMARRAGA, CARLOS	nt and title if applicable. (NO ID DIRECTORS	TE: Registered	d Agent signature	equired when rematating)		pose of changing its ne appointment as re- DATE ERS AND DIRECTO	RS IN 12	334 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN PTD ZUMARRAGA, CARLOS 4441 SW 75TH AVENUE	nt and title if applicable. (NO ID DIRECTORS	TE: Registered 13. 1,1 TI 1,2 N	d Agent signature	equired when rematating)		pose of changing its ne appointment as re- DATE ERS AND DIRECTO	RS IN 12	2E034 (11/98)
12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PTD ZUMARRAGA, CARLOS 4441 SW 75TH AVENUE MIAMI FL 33155	nt and title if applicable. (NO ID DIRECTORS	13. 13. 1,1 T 1,2 N 1,3 S	d Agent signature TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when rematating)		pose of changing its eappointment as report to the post of the pos	RS IN 12	CR2E034 (11/98)
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



