Applied For

\$8.75 Additional

Fee Required

Not Applicable

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 # P97000022529

2. Principal Place of Business

Suite, Apt. #, etc.

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EXCEL OIL CORPORATION

Principal Place of Business	Mailing Address
10701 SOUTHWEST 56 STREET MIAMI FL 33165	10701 SOUTHWEST 56 STREET MIAMI FL 33165

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90013 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/12/1997 4. FEI Number

65-0733818

: City & Sta	: City & State City & State						6. Election Campaign Financing S5.00 May Be				
23	28					Trust Fund Contribution Added to Fees					
Zip		Country	Zip	Co	Country		8. This corporation owes the current year Intangible				
24		25	29	30	0		Personal Property Tax.	1 <u>-</u>			
	9. Nan	ne and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent			
			ar i		81	Name					
AMERILAWYER CHARTERED					82	Stroot Add-	Negat Address (D.O. Day Aliyerhay is Net Assessed)				
343 ALMERIA AVENUE					04	oreer Addr	eet Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134				83	83 6 7 7 7 8 8 8 6 8 6 6 6 6 6 6 6 6						
•							1. 一次以前確認等的發行的當時間發展的關係的				
					84	City	The second section of the sect	85 Zip (Code ' ' '		
11. Pursuant	to the prov	visions of Sections 607.0502	and 607.1508, Florida 5	Statutes, the	above	-named corpo	oration submits this statement for the purpose	of changing its	registered		
office or i	registered a	agent, of both, in the State of with, and acceptible obligati	f Florida. Such change v	was authorize	ed by t	he corporatio	on's board of directors. I hereby accept the ap	pointment as re	gistered		
			10	o, Piuliua Sia	wes:		<u> </u>	1199.			
SIGNATURE Signature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	PTD	1	☐ DELE	TE 1.1 T	TTLE		47 (St. 3	Change	☐ Addition		
NAME	BARRE	rinhas, Yoshie s		1.2 N	IAME		**************************************	•	ĺ		
STREET ADDRESS 10701 SOUTHWEST 56 STREET			1.3 \$	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI I	FL 33165		1.4 0	ITY-ST-	-ZIP	•		ļ		
TITLE	VSD	,	☐ DELE	TE 2.1 T	TLE		·	☐ Change	☐ Addition		
NAME	BARRE	RINHAS, YOSHIHIRO S		2.2 N	IAME						
STREET ADDRESS		SOUTHWEST 56 STREET	•	2.3 \$	TREET	ADORESS	•	•]		
CITY-ST-ZIP	MAMI	L 33165	•	2.40	CITY-ST	- ZIP	•		ĺ		
TITLE			☐ DELET					Change	Addition		
NAME				3.2 N	IAME			_			
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CITY-ST-ZIP	,			3.4. 0	CITY-ST	-ZIP			1 1 1		
TITLE			☐ DELE1					Change :] [] Addition		
NAME				4.21	AME						
STREET ADDRESS	,			4.3 S	TREET A	ADDRESS					
C?TY-ST-ZIP	<u>.</u>	÷		4.4 C	TY-ST-	ZIP			. '		
TITLE			☐ DELET					Change	☐ Addition		
NAME				5.2 N	AME						
STREET ADDRESS				5.3 \$	TREET A	NODRESS	•				
CITY-ST-ZIP	FEC.			5.4 C	ITY-ST-	ZIP .			. {		
TITLE	*.		☐ DELET	E 6.1 TO	TLE		1	☐ Change	Addition		
NAME				6.2 N	AME		•	_			
STREET ADDRESS		•		6.3 S	TREET A	NDDRESS					
CITY-ST-ZIP	· · ·			6.4 C	ny-st-	ŹΙΡ		•			

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 occurate 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 attraction with an address, with all other like empowered.

SIG	NA	TU	RE: