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FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000038131 (3)**

1. Corporation Name
MONTES OIL CORPORATION

Principal Place of Business	Mailing Address
613 NAVARRE AVENUE CORAL GABLES FL 33134	613 NAVARRE AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1997

2. Principal Place of Business	2a. Mailing Address
21 99675 OVERSEAS Highway	26 P.O. Box 2469
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key Largo, FL	28 City & State: Key Largo, FL
24 Zip: 33037 25 Country: USA	29 Zip: 33037 30 Country: USA

4. FEI Number: 65-0718111 ☐ Applied For ☐ Not 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~~ or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MONTES, EDWARD O~~ ~~613 NAVARRE AVENUE~~ ~~CORAL GABLES FL 33134~~	81 Name: EDWARD O. MONTES 82 Street Address (P.O. Box Number is Not Acceptable): 99675 OVERSEAS HIGHWAY 83 84 City: Key Largo FL 85 Zip Code: 33037

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: E Montes 4/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	MONTES, EDWARD O	1.2 NAME	EDWARD O. MONTES
STREET ADDRESS	~~613 NAVARRE AVENUE~~	1.3 STREET ADDRESS	99675 OVERSEAS HIGHWAY
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	☐ DELETE	2.1 TITLE	VICE-PRESIDENT / DIRECTOR ☐ Change ☒ Addition
NAME		2.2 NAME	ANTONIO MONTES
STREET ADDRESS		2.3 STREET ADDRESS	99675 OVERSEAS HIGHWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	☐ DELETE	3.1 TITLE	SECRETARY / DIRECTOR ☐ Change ☒ Addition
NAME		3.2 NAME	MAYRA MONTES
STREET ADDRESS		3.3 STREET ADDRESS	99675 OVERSEAS HIGHWAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	☐ DELETE	4.1 TITLE	TREASURER / DIRECTOR ☐ Change ☒ Addition
NAME		4.2 NAME	ALEXANDER J. MONTES
STREET ADDRESS		4.3 STREET ADDRESS	99675 OVERSEAS HIGHWAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: E Montes 4/24/98