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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700068305 (6)

PETROTRADE INTERNATIONAL, INC.

FETROTRADE INTERNATIONAL, INC.	
Principal Place of Business	Mailing Address
142 SANS SOUCI DRIVE	142 SANS SOUCI DRIVE

FILED
May 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6593 6507 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Injangible Personal Property Tax due June 30. Yes XINo 24 25 29 30 . g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GASSENHEIMER, E. HAROLD 142 SANS SOUCI DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33133 83 84 City Zip Code 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 regulater diagrest and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE Addition GASSENHEIMER, E. HAROLD NAME 1.2 NAME 142 SANS SOUCI DRIVE STREET ADDRESS 1.3 STREFT ADDRESS **CORAL GABLES FL 33133** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE TITLE 6.1 1011 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 suppliemental 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, open an attactment/with a pladfress.