

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90198 015 \*\*\*150.00

0325507

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000071121

1. Corporation Name  
**THE COPETRO GROUP, CORP.**



Principal Place of Business  
 1617 N FLAGLER DR. SUITE 104  
 W PALM BEACH FL 33407

Mailing Address  
 1617 N FLAGLER DR. SUITE 104  
 W PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/15/1997**

4. FEI Number  
**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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **1717 N. Flagler Dr**

22 **STE 2**

23 **W Palm Beach FL**

24 **33407** 25 **US**

2a. Mailing Address

26 **P.O. Box 2418**

27

28 **Palm Beach FL**

29 **33480** 30 **US**

9. Name and Address of Current Registered Agent

**VANSCHEPEN, BRENDA DEE**  
**1617 N FLAGLER DR, SUITE 104**  
**W PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1717 N Flagler Dr**

83 **STE 2**

84 City **W Palm Beach** 85 **FL** Zip Code **33407**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **O**  DELETE

NAME **VANSCHEPEN, BRENDA D**

STREET ADDRESS **11735 150TH CT N**

CITY-ST-ZIP **JUPITER FL 33478**

TITLE **P**  DELETE

NAME **MEGY, HECTOR C**

STREET ADDRESS **1617 N FLAGLER DR**

CITY-ST-ZIP **W PALM BEACH FL 33407**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **1717 N. Flagler Dr**

2.4 CITY-ST-ZIP **W Palm Beach FL 33407**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Brenda D. Vanschepfen Brenda D. Vanschepfen 4/26/99 (561) 832-3945  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)