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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000071348 (1)

**FILED** Jun 10 1998 8:00am Secretary of State

OIL EN	IERGY CORP.				
Principal Plac	e of Business	Mailing Address		r sherinds the loves havin delin oblis enist delin a	NAME SINDA IIIIL DIRNY INSTITUT
6795 SW 56TH ST.		6795 SW 56TH ST.			
MIAMI FL 33155		MIAMI FL 33155		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/18/1997	
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]	· · · · · · · · · · · · · · · · · · ·	65-0775638	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
	ANO, FELIX		81 Name		
6795 <b>SW</b> 56TH ST.			82 Street Addr	dress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33155		83		<del></del>
, f ,					
<i>₹</i>			84 City	F	85 Zip Code
ggent I a SIGNATURE	un familian with, and accept the obli-	igations of Section 607.0505, F	Orida Statutes.  If Bog stored Agent signature require 113.	contains submits this statement for the purpose ion's board of directors. I hereby accept the a board of directors are board of directors. I hereby accept the a board of directors. I hereby accept the a board of directors are board of the	
TITLE	PSTD	DELETE	1.1 10 LE	TIBBITION OF THE STATE OF THE S	Change Addition
NAME	LLANO, FELIX		1 2 NAME		
STHEET ADDRESS	6795 SW 56TH ST.		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33155	· · · · · · · · · · · · · · · · · · ·	1.4 CHY-ST-ZIP		
TITLE		L  DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TiTLE		Change Addition
NAME			3.2 NAME		- compo _ reaction
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4 CITY-ST-ZIP		
Trīle		DELETE.	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		i i i i i i i i i i i i i i i i i i i	4.4 CITY - \$1 - 2IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		ChangeAddition
NAME		L. FOLLER	6.2 NAME	<b>7000025567</b> - <b>06</b> /11/98010460	57
STREET ADDRESS			6.3 STHEFT ADDRESS	- <b>06/11/</b> 98010460	)50 <b>\.\\\\\\\</b>
CITY-ST-ZIP			6.4 CITY+ST- ZIP	***150.00	' '

14. Thereby certify that the information supplied with this filling 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 13 if changed, by our participant with an address