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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90051 041 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000077787

1. Corporation Name
ACOSTA PETROLEUM COMPANY, INC.

Principal Place of Business
1010 EAST 49TH STREET
HIALEAH FL 33013
US

Mailing Address
1010 EAST 49TH ST
HIALEAH FL 33013
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1997

4. FEI Number
65-0782813

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent
GONZALEZ, DON ESQ
9050 PINES BLVD
SUITE 450-F
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME AOCSTA, PATRICIA
STREET ADDRESS 921 TANGLEWOOD CIRCLE
CITY-ST-ZIP WESTON FL 33327

1.1 TITLE PRESIDENT/DIRECTOR Change Addition
1.2 NAME FRANK GOMEZ
1.3 STREET ADDRESS 1010 EAST 49TH STREET
1.4 CITY-ST-ZIP HIALEAH FL 33013

TITLE VSD DELETE
NAME AOCSTA, HECTOR
STREET ADDRESS 921 TANGLEWOOD CIRCLE
CITY-ST-ZIP WESTON FL 33327

2.1 TITLE SECRETARY/DIRECTOR Change Addition
2.2 NAME JOSE LUIS FRIAS
2.3 STREET ADDRESS 1010 EAST 49TH STREET
2.4 CITY-ST-ZIP HIALEAH FL 33013

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-99 (954) 432-1690
Date Daytime Phone #

CR2E034 (11/98)

U120034