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

PROFIT CORPORATION ANNUAL REPORT 1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000085845 (0)

UNIQUE OIL NO. 3, INC.

FILED Jun 30 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	5			I TOTAL STATE OF THE STATE OF T	•••	
12907 8W 103RD PLACE 12907 SW 103RD PLACE								
MIAMI FL 33176						DO NOT WRITE IN THIS SPACE		
	ä					3. Date Incorporated or Qualified		
	į.					10/01/1997	İ	
2 Principal F	Place of Business	2a. Mailing Add	7000			4. FEI Number Applied I	<u> </u>	
——————————————————————————————————————				n n	1 4			
Suite, Apt.	0 N.W. 95 ST.	26 / 2378 Suite, Apt. #	olo		TVE			
22	, w. G.C.	27 2110	i Elon —			5. Certificate of Status Desired See Regulred		
City & Stat	te .	City & State	Floor					
23 MIA	MI, FL.,	28 1/10/11				8. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution Added to Feet		
Zip	Country	Zip	T C	ountry		This corporation owes or has paid the current year Intangible		
24 33/	47 25	29 33/57	1	· · · · ·		Personal Property Tax due June 30. Yes No	"	
241	9. Name and Address of Curre		30	Т		10. Name and Address of New Registered Agent	\dashv	
	ORMAN, LENARD H			81	Name			
				\perp	ļ			
2855 LE JEUNE RD					82 Street Address (P.O. Box Number is Not Acceptable)			
	110			83	 			
"	ORAL GABLES FL 33134			"			- 1	
	and the second s			84	City	85 Zip Code	$\neg \neg$	
	a.			ل_	<u></u> _	FL 18 25 COOP		
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 a	am familiar with, and accept the oblig	ations of, Section 607	.0505, Florida S	tatute	\$.			
SIGNATURE	=							
49	Signature, typed or printed name of registered ag				nutengia Inc	ure required when reinstating) DATE	 !	
12.		D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ddilion	
TITLE	PRESIDENT, V.P.			TITLE			iooiiioii	
NAME	CARLOS FONTECI	CEA		NAME				
STREET ADDRESS	1 2 7 1 3210 1 703 72			1.3 STREET ADDRESS		5		
CITY-ST-ZIP	MIANI/, FL , 33			CITY-S	IT- ZIP		4.0%	
TITLE	V.P., SECRETARY		I -	TITLE		L Change A	dditlan	
NAME	MIGUEL GUEVARI	9	2.2	NAME				
STREET ADDRESS	12398 S.W. 821	d Am.	2.3	STREET	ADDRESS	3		
CITY-ST-ZIP	MIAMIL FL. , 331	57		CITY-	ST-ZIP			
TITLE	* `	DI	ELETE 3.1	TITLE		☐ Change ☐ A	ddition	
NAME			3.2	NAME			ĺ	
STREET ADDRESS	1 1	•	3.3	STREET	ADDRESS	s	ì	
CITY-ST-ZIP	<u>.</u>		3.4	. CITY-S	ST - 21P			
TITLE		Di	LETE 4.1	TITLE		Change A	ddition	
NAME	4 4 2		4.3	NAME				
STREET ADDRESS	1 2		4.3	STREET	ADDRESS	3		
CITY-ST-ZIP	-		4.4	CITY-S	T-ZIP		- 1	
TITLE	-	D		TITLE		Change A	ddition	
NAME	1			NAME				
STREET ADDRESS	8 2				ADDRESS	,	1	
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CITY-ST-ZIP TITLE	3	D		CITY-S	01 • ZIP	☐ Change ☐ å	ddition	
		<u></u> 01				l annonestegge V	Zĸ	
NAME	1			NAME		600002576956 7	ግ)	
STREET ADDRESS					ADDRESS	***150.00 1	1	
CITY-ST-ZIP	<u> </u>		6.4	CITY-S	T-ZIP	<u> </u>		

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 of 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, by on an attactment with an address.