May 04, 1999 8:00 am Secretary of State

05-04-1999 90169 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i Corporation	MEN I # P97000 OIL NO. 7, INC.	0085858				
UNIQUE	OIL NO. 7, INC.					
Principal Place	e of Business	Mailing Address	 	1 19011471 (10 10115 1015) 00511 00115 00	141 Absat 18101 R1191 LALEL 1	E1181 1811 1861
2200 NW 95 STREET MIAMI FL 33147		12398 SW 82ND AVE 2ND FLOOR MIAMI FL 33156		DO NOT WRITE IN THIS SPACE		
}				3. Date Incorporated or Qualifed		
2 Dais aire d D	Jan of Business	2a. Mailing Address		10/01/1997 4. FEI Number		
	lace of Business	26 Planning Address		65-0791937	 	olied For Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 A	
22	.,	27		5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible	
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	tered Agent	
GOR	RMAN, LENARD H		81 Name			
	5 LEJEUNE RD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
PH I			83			
COR	VAL GABLES FL 33134		83			
,			84 City		85 Zip C	ode
44 0	4- th	0 CO7 4500 Flavida Cont. 4-		poration submits this statement for the purp	FL o	ragiotara d
ri. Fursuani	to the provisions of Sections 607.000.	z anu our. 1900, rionua statutes	s, use above-riallied colp	oration submits this statement for the purp	ose or changing its i	egistereu
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by the corporation da Statutes.	on's board of directors. I hereby accept the	appointment as reg	istered
office or re agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or proted name of registered ager	itions of, Section 607.0505, Florid	thorized by the corporation of the statutes. Registered Agent signature require		appointment as reg	istered
agent. I a	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: FID DIRECTORS	da Statutes.		ATE RS AND DIRECTOR	
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agent. I all SIGNATURE	m familiar with, and accept the obligation of registered ager OFFICERS AN PVPT FONTECILLA, CARLOS	nt and title if applicable. (NOTE: FID DIRECTORS	da Statutes. Registered Agent signature require	od when reinstating) D.	ATE RS AND DIRECTOR	RS IN 12
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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 at 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

> CARLOS FONTE CILLA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-255-4145

CR2E034 (11/98)