

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

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1998 8:00am
Secretary of State

DOCUMENT # P97000086900

1. Corporation Name

Westech Petroleum, Inc.

Principal Place of Business

Mailing Address

4483 N.W. 36 St (suite 310)
Miami Springs,
Fla, 33166 (same).

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Oct 8, 1997

2. Principal Place of Business

same as above

2a. Mailing Address

same as above

4. FEI Number

65-0829368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Stephen M. Smith
4483 N.W. 36 St (suite 310)
Miami Springs, Fl.
33166

10. Name and Address of New Registered Agent

81. Name

N/A

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TIT E
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Stephen M. Smith
4483 N.W. 36 St. (#310)
Miami Springs, Fl.
33166

TIT E
NAME
STREET ADDRESS
CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12E

1.1 TIT E
1. NAME
1.1 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ C ☐ A**B YYYY

1.1 TIT E
1. NAME
1.1 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ C ☐ A**B

1.1 TIT E
1. NAME
1.1 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ C ☐ A**B

4.1 TIT E
4. NAME
4.1 STREET ADDRESS
4.4 CITY - ST - ZIP
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***150.00

1.1 TIT E
1. NAME
1.1 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ C ☐ A**B

1.1 TIT E
1. NAME
1.1 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ C ☐ A**B

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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen M. Smith 4/30/98 1-800-370-9163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)

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