

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90169 031 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

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



DOCUMENT # P97000090342

1. Corporation Name
BRICKELL FUELS, INC.



Principal Place of Business
~~2655 S. LEJEUNE RD. STE. PH1-C~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~2655 S. LEJEUNE RD. STE. PH1-C~~
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12398 S.W. 82nd Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33156		2a. Mailing Address 26 12398 S.W. 82nd Ave Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33156		3. Date Incorporated or Qualified 10/21/1997	
				4. FEI Number 65-0790840	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name LEONARD H. GORMAN
82 Street Address (P.O. Box Number is Not Acceptable) 2655 LeJune Rd
83 PH1-D
84 City Coral Gables, FL
85 Zip Code 33146

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 Lenard H. Gorman 2/23/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESTEVEZ, ANTHONY J		1.2 NAME ISABEL FONTECILLA	
STREET ADDRESS 2655 S. LEJEUNE RD. STE. PH1-C		1.3 STREET ADDRESS 12398 S.W. 82nd AVE	
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP Miami, FL 33156	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE President, Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Carlos Fontecilla	
STREET ADDRESS		2.3 STREET ADDRESS 12398 S.W. 82nd AVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, FL 33156	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Carlos Fontecilla 2/23/99 (305) 255-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)