


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

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FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90004 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097056

1. Corporation Name
PETROZONE, INC

Principal Place of Business
**3475 WEST FLAGLER ST.
MIAMI FL 33135**

Mailing Address
**3475 WEST FLAGLER ST.
MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/13/1997	
4. FEI Number 65-0795388		Applied For <input type="checkbox"/> 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**VINAS, HECTOR R
3475 WEST FLAGLER ST.
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name
HOLBROOK, Francine D.
82 Street Address (P.O. Box Number is Not Acceptable)
1600 South Bayshore Lane
83 Suite 2 B
84 City
Miami FL 85 Zip Code
33133

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



Feb. 12, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRX <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINAS, HECTOR R	1.2 NAME	VINAS, SARA L.
STREET ADDRESS	3475 WEST FLAGLER ST.	1.3 STREET ADDRESS	3475 West Flagler Street
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	Miami, Florida 33135
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SCHLAFKE, MARIA D	2.2 NAME	
STREET ADDRESS	3475 WEST-FLAGLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CRUZ, CLEMENTE J	3.2 NAME	
STREET ADDRESS	19470 N.W. 8 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CRUZ, CLEMENTE E	4.2 NAME	
STREET ADDRESS	1224 N.W. 126 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99
Date

Daytime Phone #

CR2E034 (11/98)