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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000098033 (8)

1. Corporation Name
RENAISSANCE OIL, INC.

Principal Place of Business	Mailing Address
7300 S.W. 167 STREET Miami, FL 33157-3875	7300 S.W. 167 Street Miami, FL 33157-3875

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-14-1997

2. Principal Place of Business	2a. Mailing Address
21 7300 S.W. 167 STreet	26 7300 S.W. 167 STreet
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami FL	28 City & State: Miami FL
24 Zip: 33157-3875 25 Country: USA	29 Zip: 33157-3875 30 Country: USA

4. FEI Number: 65-0818001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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	10. Name and Address of New Registered Agent
DAWODU, OLUSESI A 111 N.W. 183rd STreet Suite 406 Miami, FL 33169	81 Name: DOMINIQUE M. LEROY 82 Street Address (P.O. Box Number is Not Acceptable): ALFRED I. DUPONT BLDG., SUITE 1428-29 83 169 EAST FLAGLER STREET 84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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: [signature] DOMINIQUE M. LEROY 4/6/98
Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☑ DELETE	11 TITLE P	President + CEO ☑ Change ☑ Addition
NAME	Olusesi A. Dawodu	12 NAME	Moses Oluwole Fagbule
STREET ADDRESS	111 N.W. 183rd Street, Suite #406	13 STREET ADDRESS	7300 S.W. 167 STreet
CITY-ST-ZIP	Miami, FL 33169	14 CITY-ST-ZIP	Miami, FL 33157-3875
TITLE	☐ DELETE	21 TITLE D	Chief Daniel Edewor ☑ Change ☑ Addition
NAME		22 NAME	Director
STREET ADDRESS		23 STREET ADDRESS	7300 S.W. 167 STreet
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33157-3875
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	300002483113
STREET ADDRESS		43 STREET ADDRESS	-04/08/98--01103--003
CITY-ST-ZIP		44 CITY-ST-ZIP	***8.75
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	4/8
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	300002483113 ☐ Change ☐ Addition
NAME		62 NAME	-04/08/98--01103--004
STREET ADDRESS		63 STREET ADDRESS	***150.00
CITY-ST-ZIP		64 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.

SIGNATURE: [signature] Moses Oluwole Fagbule 4-6-98 (305)252-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)