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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000101874**

1. Corporation Name
UNITED AMERICAN PETRO INC.



Principal Place of Business: 1504 CLEARLAKE ROAD, COCOA FL 32922, US
 Mailing Address: 1504 CLEARLAKE ROAD, COCOA FL 32922, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	402, HIGH POINT DR	26	402 HIGH POINT DR	12/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3491677	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. COCOA, FLORIDA		28. COCOA, FLORIDA		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 32922		29. Zip 32922		6. Election Campaign Financing	
25. US		30. US		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
SHAH, RAJENDRA 1504 CLEARLAKE ROAD COCOA FL 32922				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81. Name				SHAH, RAJENDRA	
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City				402, HIGH POINT DR	
84. City				COCOA FL 85. Zip Code 32926	

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: *[Signature]* SECRETARY DATE: 1/19/99
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, NILESH	1.2 NAME	
STREET ADDRESS	4220 W KING STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, MAHESH R.	2.2 NAME	
STREET ADDRESS	702 HANSBIL ISL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32926	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, RAJENDRA R.	3.2 NAME	
STREET ADDRESS	740 NICKLAUS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, NISHITH	4.2 NAME	
STREET ADDRESS	4220 W. KING ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	4.4 CITY-ST-ZIP	
TITLE		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		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: *[Signature]* DATE: 1/19/99 DAYTIME PHONE: 407.690.0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)