

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

98 AUG 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107951 (0)
1. Corporation Name
PETRO AMERICA OIL COMPANY, INC.



Principal Place of Business: 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131
Mailing Address: 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 3195 S.W. 112th Place | | 26 3195 S.W. 112th Place | | 12/24/1997 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Miami, FL | | 28 Miami, FL | | 65-0825650 Applied For | |
| 24 33165 | | 29 33165 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 USA | | 30 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| PARISH, DAVID 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131 | | | | 81 Name Jesus M. Hernandez | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 3195 S.W. 112th Place | |
| | | | | 83 | |
| | | | | 84 City Miami, FL | |
| | | | | 85 Zip Code 33165 | |
| 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: Jesus M. Hernandez, Registered Agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 6/22/98 | | | | | |

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE DPS | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Elena L. Quezada | | 1.2 NAME | |
| STREET ADDRESS 41733 Borkhart | | 1.3 STREET ADDRESS | 200002626012-3 |
| CITY-ST-ZIP Novi, MI 48375 | | 1.4 CITY-ST-ZIP | -08/26/98--01096--021 |
| TITLE DT | <input type="checkbox"/> DELETE | 2.1 TITLE | ***550.00 <input type="checkbox"/> ***550.00 Addition |
| NAME Jesus M. Hernandez | | 2.2 NAME | |
| STREET ADDRESS 3195 S.W. 112th Place | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP Miami, FL 33165 | | 2.4 CITY-ST-ZIP | |
| 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.

SIGNATURE: Elena L. Quezada 248-380-7533

CR2E034 (10/97)