PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028531 1. Corporation Name

OLALDE PETROLEUM EQUIPMENT CORP.

Mailing Address Principal Place of Business 202 LUCERNE AVE STE 7 202 LUCERNE AVE STE 7 LAKE WORTH FL 33460 LAKE WORTH FL 33460 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/25/1998 2a. Mailing Address Applied For 2. Principal Place of Business 65-08-21-24.1 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fae Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State - 🖂 Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Žio Zip Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name IGLESIAS, ADOLFO E Street Address (P.O. Box Number is Not Acceptable) 12010 SW 97 ST MIAMI FL 33188-2606 83 85 Zip Code City 11. Pursuant to the provisions of Sections 807.0502 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 DATE nted name of registered agent and title it applic CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TILE 12 NAME NAME OLALDE, FRANK E 1.3 STREET ADDRESS 202 LUCERNE AVE STE 7 STREET ADDRESS LAKE WORTH FL 33460 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE NAME OLALDE, CLAUDIA 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 202 LUCERNE AVE STE 7 2.4 CITY-ST-ZIP LAKE WORTH FL 33480 CITY-ST-ZIP Change Addition D DELETE 31 TM F TITLE 32 NAME NAME 3.3 STREET ADGRES STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addiiion ☐ Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME: 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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.

FILED

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90137 015 ***150.00