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

PROFIT CORPORATION ANNUAL REPORT

1999 SOCIEMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 020 ***158.75

1. Corporation	NIEN # P98000 ENERGY RESOURCE MAN		C.					
Principal Place of Business Mailing Address						1 10011001 139 10101 10111 00111 1	88141 68 710 1 8 11 0 11 640 (1	144 40 4 01 11 0 1 1001
8240 S.W. 210 STREET SUITE 107 8240 S.W. 210 STREET SUITE MIAMI FL 33189 MIAMI FL 33189				107		DO NOT WRITE	IN THIS SPACE	
•						3. Date Incorporated or Qualifed	IN THIS SPACE	
						10/29/1998		}
2. Principal P	lace of Business	2a. Mailing Ad	Idress		_	4. FEI Number	X	Applied For
21		26						Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		_	5. Certificate of Status Desired	Y	Additional
22		27				5, Certificate of Status Desired	Fee	Required
	City & State City & 28					Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip		Country		8. This corporation owes the curren		
24	25 29		30	30		Personal Property Tax.	☐ Yes	₩No
	9. Name and Address of Currer	t Registered Ager	<u></u>	81	Name	10. Name and Address of New Reg	gistered Agent	
7FRI	PA, MIGUEL			01	Name			
8240 S.W. 210 STREET SUITE 107				82	Street Ac	dress (P.O. Box Number is Not Acceptable	e)	
MIAMI FL 33189								
1715 (1	M 7 2 00 100			83				
ļ				84	City		FL B5 Zi	p Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such chations of, Section 60	ange was autho 7.0505, Florida	rized by Statutes	the corpora	orporation submits this statement for the pu ation's board of directors. I hereby accept t uired when reinstating)	urpose of changing the appointment as	its registered registered
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	FORS IN 12
TITLE	Р	<u></u>	DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	ZERPA, MIGUEL			1.2 NAME				
STREET ADDRESS		E 107		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33189	_		1.4 CITY-S	T-ZIP			
TITLE	S	L	DELETE	2.1 TITLE			☐ Chang	e
NAME	CANFIELD, CRYSTAL L			2.2 NAME				
STREET ADDRESS	1	E 107			TADORESS			
CITY-ST-ZIP	MIAMI FL 33189		DELETE	2.4 CITY-5	T-21P		Chang	e Addition
TITLE		<u>L</u>	DELETE	3.1 TITLE 3.2 NAME				. Sindanson
NAME					T AMPRESS			
STREET ADDRESS				3.4. CITY-S	TADDRESS			
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	1 - Cal		Chang	e Addition
NAME		_		4. 2 NAME				
STREET ADDRESS			1		TADDRESS			\
CITY-ST-ZIP				4.4 CITY-S				
TITLE			DELETE	5.1 TITLE			☐ Chang	e Addition
NAME				5.2 NAME				
	<u> </u>			53 STREET	TADDRESS			1

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 angular 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 of the receiver or tractee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 C/TY-ST-Z/P

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

Change