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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90021 043 ***550.00

DOCUMENT # P98000097169

1. Corporation Name
PETROSMART, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD., SUITE 1104
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD., SUITE 1104
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 110 MERRICK WAY

26 110 MERRICK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2B

27 2B

City & State

City & State

23 CORAL GABLES FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33134

25 DADE

29 33134

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALGES, ROGELIO
2333 PONCE DE LEON BLVD., SUITE 1104
CORAL GABLES FL 33134

81 Name
SALGES, ROGELIO

82 Street Address (P.O. Box Number is Not Acceptable)

110 MERRICK WAY, SUITE 2B

83 CORAL GABLES,

84 City

CORAL GABLES

FL

85 Zip Code
33134

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

ROGELIO SALGES

29-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SALGES, ROGELIO
STREET ADDRESS 2333 PONCE DE LEON BLVD., SUITE 1104
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE D.P.
1.2 NAME SALGES, ROGELIO
1.3 STREET ADDRESS 110 MERRICK WAY, 2B
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP
2.2 NAME ANTHONY KING
2.3 STREET ADDRESS 110 MERRICK WAY, 2B
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D
3.2 NAME EVELIO GILMOND
3.3 STREET ADDRESS 110 MERRICK WAY, 2B
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME ROLANDO RICCIO
4.3 STREET ADDRESS 110 MERRICKWAY, 2B
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0195529