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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # S18901

(6)

1. Corporation								
PETCO	OILFIELD SUPPLY, INC.							
Principal Place o	of Business	Mailing Address		,				#1011 Q1011 100f
POST OFFICE BOX 3100		5600 SW 135 AVE						
MIAMI FL 331		214-B						
		MIAMI FL 33183 US			3. Date incorporated or Qua	1	e of Last Re	
					12/05/1990		04/11/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Appled For Not Applicable
1	-4-	26			65-0242385			Additional
Suite, Apt. #,	, etc.	27			5. Certificate of Status Desir	ed 🔲		Required
City & State		City & State			6. Election Campaign Finance	ing -	\$5.0	0 May Be
3		28			Trust Fund Contribution			d to Fees
Zip	Country	Zıţı	Corin	lrγ	8. This corporation has liabil	ty for intangible t ☐ Yes ☐ No	tax under s	199.032,
4	25	29	30		Florida Statutes L		Agent	
	9. Name and Address of Curre	m negistered Agent		Name				·
A: F::	NET 1000			- 1	Address (P.O. Box Number is Not Ac	contubla)		
GUTIERREZ, JOSE			1	32 Street	Address (F.O. Box Number is Not Ac-	ceptable;		
	N. 135 AVENUE		1	33			-	
SUITE 214B MIAMI FL 33183			-	34 City			B5 Zij	p Code
						FL		
	n the provisions of Sections 607,050 at agent for both, in the State of Horn, and accept the obligations of, Sec)2 and 607.1508, Florida St rida Such change was ant stor. 607.0505, Florida Stat				ne appointment a	is registered 76	
11. Pursuant to or registerer familiar with SIGNATURE 4 S	TUS Kauge Syrature, typed or product and red for gold as to	12 and 607, 150%, Florida Stricta Sinda Sund change was anti 179, 607,0505, Florida Stat Programme Institution NO DIRECTORS			s board of directors. Thereby accept the monactives resident ADDITIONS/CHANGES T	4/U//9	D DIRECTO	DRS IN 12
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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 logal 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 Brock 12 or Block 15 if change it, or on an attachment with an address.

SIGNATURE: Just Kaugel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caytoric Phone #