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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

]	y	19	1	

DOCUMENT # \$32722

(8)

MAGNU	M PETROLEUM RECOVERY,	INC.			1184 1188 1181 1181 1184 1185 1186 1186
Principal Plac	e of Business	Mailing Address			ONNI OFOIT DIGHT BIRST BIRST BIRST SIDIT IN S
1851 WEST OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 1280 NE 48TH ST POMPANO BEACH FL 33084-4909 US		4-4909			
				3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0252110	Not Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 25 9. Name and Address of Current		30		Yes No
		Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	aria, albert m Ne 28 ave			AL DIMMON	
	IPANO BEACH FL 33064			dress (P.O. Box Number is Not Acceptat	
ron	IFANO BEAUTI FE 33004		83	12 80 NB 48th ST	
			84 City	-	
44 Dayson		1 - 1 007 1500 Fig. 21 Oct 1	1 40	when Ben	FL 33064
	egistereo agent, or both, in the State in the Immiliar with, and accept the obliga	of Florida Such change was autions of Section 607.0505, Flor	s, me above-named co uthorized by the corpor rida Statutes.	rporation submits this statement for the partion's board of directors. I hereby acceptions	4
SIGNATURE	Signature typed or punited name of registered agen	and title if applicable (NOTE	: Registered Agent signature req	uired when reinstaling)	1/30/97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
I-TLE	VPS	☐ DELETE	1.1 TITLE	NAIRMAN (DIKECTOK — AI VCNAWY E	Change Addition
NAME	DIMARIA, ALBERT		1.2 NAME	. VCh Muy E	•
STREET ADORESS	740 NE 28 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33604	T pri tit	1.4 CITY - ST - ZIP	S. 1225	54 At
THE	PT IAMES	□ DELETE		Dikactor - HOD	Change Addition
NAME Name a designation	FREDERICO, JAMES 3779 NW 52 ST		2 2 NAME		
STREET ADDRESS	BOCA RATON FL 33496		2.3 STREET ADDRESS		
CHY-ST-ZIP Title	VP	DELETE	2. 4 C(TY - ST - Z)P 3 1 T)TLE	IKECHOL - ADD	Change Addition
NAME	RAMOS, OSIRIS	Break	3.2 NAME	MACHINE VICEIPLES	The state of the s
STREET ADDRESS	5945 SE GENERAL LEE TERR.		3 3 STREET ADDRESS		
CITY-S1-7/P	STUART FL 34997		3.4. CITY - ST - ZIP		
TILE	* CARACTER CONTROL CON	DELETE		SECRETARY	Change Addition
NAMÉ				SKERG WIRDHICH	
SPREET ADORESS				280 NE 48th ST	
CITY-S1 ZIF		· · · · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP	Pompano ben FL	38064
THLE	AVP	☐ DELETE		1 P	Change Addition
NAME	DEST WILLIAMS,	Denniz	5.2 NAME	•	
STREET ADORESS	6850 HW 75CT	ent =	5.3 STREET ADDRESS		
CHY-ST-702	PHIKLAND, FL 33	DELETE	5.4 CITY - ST - ZIP		Change LAdding
T-T) E NORTO		FT DEFETE	. 6.1 TITLE		Change Addition
NAME OTOEK LARVIDE CO			6.2 NAME		
STREET ADORESS		*	6.3 STREET ADDRESS		

SIGNATURE:

14. I do hereby certify that the information supplied with this filling 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.

1/30197

954-785 -2320

FILED

Apr 07 1997 8:00am

Secretary of State