

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S91539 (4)

1. Corporation Name
SIGMA PETROLEUM, INC.

Principal Place of Business 13695 SW 42 STREET MIAMI FL 33157 US	Mailing Address 334 MINORCA AVE. SUITE 200 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 79 HARBOR DR
22 City & State	27 City & State
23 Zip	28 KEY BISCAYNE, FL
24 Country	29 Zip
	30 33149
	31 Country
	32 USA

3. Date Incorporated or Qualified 11/01/1991
4. FEI Number 65-0293288
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BRIDGES, ROGER A
334 MINORCA AVE.
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	SCOTT KUNKEL
82 Street Address (P.O. Box Number is Not Acceptable)	79 HARBOR DR
83 City	KEY BISCAYNE
84 State	FL
85 Zip Code	33149

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 *[Signature]* **SCOTT KUNKEL** **2/12/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	KUNKEL, SCOTT J.	
STREET ADDRESS	9048 SW 152ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	ROOKS, WILLIAM T.	
STREET ADDRESS	9048 SW 152ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	79 HARBOR DR	
1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	79 HARBOR DR	
2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *[Signature]* **SCOTT J. KUNKEL** **2/12/98** **305-215-0089**

CR2E034 (10/97)