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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:46

DOCUMENT # V37097 (5)

1. Corporation Name

U.S. FEDERAL PETROLEUM, INC.

Principal Place of Business	Mailing Address
2 SOUTH FEDERAL HWY. DEERFIELD BEACH FL 33441 US	2 SOUTH FEDERAL HWY DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1992
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0333134 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.0 ?? Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PARENTE, MICHELE
C/O US FEDERAL PETROLEUM, INC.
2 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] Change [ ] Addition
NAME	PARENTE, MICHELE	
STREET ADDRESS	2 S. FEDERAL HWY	
CITY ST ZIP	DEERFIELD BEACH FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Michele Parente (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-10-95
Daytime Phone #: 305-427-3277

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