

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mentzer
Secretary of State
DIVISION OF CORPORATIONS 7-5

APPROVED
AND
FILED

95 APR 28 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **678293** (2)
1. Corporation Name
TAMARAC AMOCO, INC.

Principal Place of Business Mailing Address
**4990 N. STATE ROAD 7
TAMARAC FL 33319** **4990 N. STATE ROAD 7
TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/14/1980** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2004229	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Subs. Apt. #, etc.	Subs. Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
City	City	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**URBIETA, GUILLERMO
3890 N COMMERCIAL BLVD.
SUITE 216
TAMARAC FL 33309**

10. Name and Address of New Registered Agent

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

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

TITLE	P
NAME	URBIETA, GUILLERMO
STREET ADDRESS	25 CASTLE HARBOR ISLE
CITY, ST. ZIP	FT LAUDERDALE FL
TITLE	V
NAME	URBIETA, IGNACIO
STREET ADDRESS	1201 S. OCEAN DR. #1402
CITY, ST. ZIP	HOLLYWOOD FL
TITLE	T
NAME	URBIETA JR., IGNACIO
STREET ADDRESS	15720 TURNBERRY DRIVE
CITY, ST. ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST. ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST. ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST. ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST. ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST. ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(2)(b), 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 appointed to succeed this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Ignacio Urbieto Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title Date Filed