

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000011084 (8)**

1. Corporation Name
103 SERVICE STATION, INC.



Principal Place of Business: **3970 S.W. 25TH STREET MIAMI FL 33142**
Mailing Address: **3970 S.W. 25TH STREET MIAMI FL 33142**

3. Date Incorporated or Qualified: **02/10/1994**
3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business: **3960 CURTISS PKWAY**
2a. Mailing Address: **3960 CURTISS PKWAY**

4. FEI Number: **65-0542002**
Applied For: Not Applicable

22. State, Apt. #, etc.:
27. State, Apt. #, etc.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **MIAMI SPRINGS FL**
28. City & State: **MIAMI SPRINGS FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33166**
25. Country: **FLADE**
29. Zip: **33166**
30. Country: **FLADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**POMERANZ, MARK L
12955 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (Date) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PASSARIELLO, JOSE	
STREET ADDRESS	3970 N.W. 25TH STREET	
CITY, ST, ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASSARIELLO, VINCENT	
STREET ADDRESS	3970 N.W. 25TH STREET	
CITY, ST, ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUERREVERE, OSCAR	
STREET ADDRESS	3970 N.W. 25TH STREET	
CITY, ST, ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAO, FEDERICO	
STREET ADDRESS	3970 N.W. 25TH STREET	
CITY, ST, ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

CR2E034 (12/95)