

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

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90105 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000061055

1. Corporation Name
SANCHEZ FINA INC.

Principal Place of Business: 28199 SOUTH DIXIE HWY MIAMI FL 33033
 Mailing Address: 28199 SOUTH DIXIE HWY MIAMI FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1997

4. FEI Number: 65-0767236 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: SANCHEZ, ROBERT M, 28199 SOUTH DIXIE HWY, MIAMI FL 33033

10. Name and Address of New Registered Agent (B1-B4) Name, Street Address, City, FL, Zip Code (85)

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: *Robert Sanchez* DATE: 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANCHEZ, ROBERT M 23700 SW 120 AVE MIAMI FL 33032	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ROBERT M	1.2 NAME	
STREET ADDRESS	23700 SW 120 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	1.4 CITY-ST-ZIP	
TITLE	VD SANCHEZ, MARTIN V 15340 SW 308 ST MIAMI FL 33033	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARTIN V	2.2 NAME	
STREET ADDRESS	15340 SW 308 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33033	2.4 CITY-ST-ZIP	
TITLE	ST SANCHEZ, MARIA 15340 SW 308 ST MIAMI FL 33033	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIA	3.2 NAME	
STREET ADDRESS	15340 SW 308 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33033	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Robert Sanchez* SIGNATURE REQUIRED DATE: 4/20/99 DAYTIME PHONE #: 305 245 5450

CR2E034 (1/198)