

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JUL 25 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S32572 (7)

1. Corporation Name

SUN TERMINALS, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/91  
3a. Date of Last Report 03/01/95

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 8390 N.W. 53rd STREET		26 8390 N.W. 53rd STREET		65-0246224		Not Applicable	
Suits, Apt. #, etc		Suits, Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 300		27 300		6. Election Campaign Financing Trust Fund Contribution		\$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 type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		26		27	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, RICHARD B.  
8390 N.W. 53rd STREET, #300  
MIAMI, FL 33166

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

Signature (last is printed name of registered agent and file if applicable)

(X) (If Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, HECTOR	1.2 NAME	
STREET ADDRESS	8390 N.W. 53rd STREET	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL	1.4 CITY ST ZIP	300001551033
TITLE	SD	2.1 TITLE	-08/01/95--01000--0000 Addition
NAME	PATTERSON, GEORGE	2.2 NAME	*****61.25 *****61.25
STREET ADDRESS	8390 N.W. 53rd STREET	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL	2.4 CITY ST ZIP	
TITLE	EVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENETT, HARVEY	3.2 NAME	
STREET ADDRESS	3517 GARDEN LANE	3.3 STREET ADDRESS	DELETION
CITY ST ZIP	MIRIMAR, FL	3.4 CITY ST ZIP	
TITLE		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		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		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 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(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 in an attachment with an address.

SIGNATURE: *Hector Calderon* HECTOR CALDERON, -PRES.- (305) 591-7595

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

TITLE (Last Name)

RC