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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90213 027 \*\*\*150.00

DOCUMENT # S32572  1. Corporation Name										
SUN TERMINALS, INC.									ani	
									01: 41 0 ft i 1 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	e of Business	Mailing Address						/ <b>Willi</b> (1 11 11 11 11 11 11 11 11 11 11 11 11	#	
7570 NW 14TH ST /#349/N/W/,5499/\$7/P/EX										
MIAMI FL 33126 /200////////				DO NOT WRITE IN THIS SPACE						
US		TIS			<u>-</u>	3. Date Incorporated or Qualifed	71110 01710	-		
						02/18/1991				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For	
21		26 7570 N.n	26 7570 N.N. 14 ST.			65-0246224	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired  \$8.75 Additional				
22		27 M(121C)					<del> </del>	ee Req		
City & State	•	City & State	<b>_</b>			6. Election Campaign Financing \$5.00 May Be				
23   Zip	Country	28 33/26 Zip	Country			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible				
24 24	25				-	Personal Property Tax.	ear mitangibit ∐Ye		□No	
24	9. Name and Address of Curre		<u> </u>		·	10. Name and Address of New Regis	tered Agent			
			81	Name						
PERDOMO, CARLOS				Street A	Addross	(P.O. Box Number is Not Acceptable)				
7570 NW 14TH ST			82	Sireer A	-luuress	(F.O. BOX Number is Not Acceptable)				
MIAN	AI FL 33126		83							
			84	City			85	Zip Co	ode	
				'			FL	· ·		
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	the corpor	corpora oration's	tion submits this statement for the purp board of directors. I hereby accept the	appointment	as regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE: Re	egistered Age	1 signature rec	equired wh	en reinstating) D	ATE		i	
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTOF	RS IN 12	
TITLE	PD	DELETE 1.1 TIT					CI	ange	☐ Addition	
NAME	CALDERON, HECTOR		1.2 NAME						}	
STREET ADDRESS	7570 NW 14TH ST		1.3 STREE	T ADDRESS					ĺ	
CITY-ST-ZłP	MIAMI FL 33126			T-ZIP					T Addition	
TITLE	SD	DELETE 2.1 TIT					<u> </u>	ange	Addition	
NAME	PATTERSON, GEORGE	2.2 NA							}	
STREET ADDRESS	7570 NW 14TH ST			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		**			}	
CiTY-ST-ZIP	MIAMI FL 33126	-L 33126		ST-ZIP	_		IEXC:	nange	Addition	
TITLE .	PD PERDOMO, CARLOS	3.2 N			<u>-</u>	RDOMO CARE	-		_	
STREET ADORESS			•							
CITY-ST-ZIP	7570 NW 14TH ST MIAMI FL 33126		3.4. CITY-5	T. 7IP	10	10 N.W. TL ST	3/26			
TITLE	IIIIAMI I E GOTEO	☐ DELETE	4.1 TITLE				□ CI	nange	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP		_	4.4 CITY-S	T-ZIP						
TITLE		DELETE	5.1 TITLE				C	nange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			1	TADORESS						
CITY-ST-ZIP		□ belete	5.4 CITY-S 6.1 TITLE	T-ZIP				2000	Addition	
TITLE	•	☐ DELETE	6.2 NAME				□ CI	ange	AOUBON	
NAME				TADORESS						
STREET ADDRESS			6.4 CITY-S	1						
CITY-ST-ZIP			0.4 Q111-0							

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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