

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

CORPORATION  
 1995



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1995

APPROVED  
 (10)  
 FILED

DOCUMENT # **276146** (8)  
**METROPOLITAN FUEL OIL CO**

95 MAY - 1 5 11 34  
 SECURITY DIVISION  
 TALLAHASSEE, FLORIDA

7962 N.W. 14TH STREET  
 MIAMI FL 33126

7962 N.W. 14TH STREET  
 MIAMI FL 33126

2. Date of Incorporation		2a. Month, Day, Year		3. Date of Last Annual Report		3a. Date of Last Report	
21. State of Incorporation		26. State of Agent		4. Filing State		4a. Filing State	
22. Name of Corporation		27. Name of Agent		5. Certificate of State Renewal		5a. Additional Fee Required	
23. Name of Agent		28. Name of Agent		6. Director Campaign Contribution		6a. Total Contribution	
24. Name of Agent		29. Name of Agent		7. This corporation has liability for delinquent taxes as provided in the statute.		7a. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KREFETZ, KENNETH 7962 NW 14TH STREET MIAMI FL 33126				81. Title			
				82. Street Address			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the state of Florida. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL CHANGES TO REGISTERED AGENTS
NAME: PD KREFETZ, KENNETH ADDRESS: 7962 NW 14TH STREET CITY: MIAMI FL	NAME: _____ ADDRESS: _____ CITY: _____
NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____
NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____
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NAME: _____ ADDRESS: _____ CITY: _____	NAME: _____ ADDRESS: _____ CITY: _____

14. I hereby certify that the information supplied on this filing is voluntarily furnished and is not required by the corporation stated in the laws of the State of Florida. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am a resident of this state and a resident of the state of Florida. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: Kenneth Krefetz  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Kenneth Krefetz  
 4/28/95 (305) 594-7876