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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 542002

(1)

EL TRIO PHILLIPS 66 INC.

APPROVED AND

97 APR 30 PM 1: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Malling Address									
Principal Place of Business Mailing Address									
2300 CORAL W MIAMI FL 33145		2300 CORAL WAY MIAMI FL 33145-3511							
						3. Date Incorporated or Qualified 08/02/1977		e of Last f	Report:
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	.	A	pplied For
212300 CO	DRAL WAY	26 2300 CORAL	26 2300 CORAL WAY						lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired		7	Additional
22# 200		27 # 200				ree Required			
City & State		City & State				6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23MIAMI FLORIDA Zip Country		28 MIAMI FLORIDA Zip Country				Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24B3145	25 US	29 33145	30 US	· isi y			Yes		s. 188.00c,
2403143	g, Name and Address of Cur		100100			10. Name and Address of New Reg	Istered A	gent	
FLOI	RIDA ANNUAL REPORT SERV	ICES INC		81	Name				
	CORAL WAY		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
#200			OE Street Adi			ess (1 ; o. Box Hallion is Hot / Gooptas.			
	VII FL 33145			83			.,		
			}	84	City			85 Zip	Code
	× 1				ĺ		<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607 1508, Florida Sta	tutes, the al	OOVE	3-named corp	poration submits this statement for the price to be seen acceptable to the price to be seen acceptable to the price to be seen acceptable to the price to the pri	urpose of	changing	its registered
office of a agent. Var	egistered agont for pour, in the St m lamiliar with and accept the ob	att or Florida. Such change wa bliggheds of Sestion 607.0505,	S authorized Florida Stat	utes	ine corporat 3.	oration submits this statement for the prion's board of directors. I hereby accep	t trie appt	municin d	s registered
SIGNATUR		IUUI ~				A LOPEZ PRES			
SICHATON	Standard And The Med with and registered		OTE Registered			ed when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	
1171.6	PD WALDO	☐ DELETE .	1,1 TO						
NAME	GARCIA, WALDO		1.2 N/			30 00 23:	LEZ	993	3
STREET ADDRESS	1265 WEST 24TH ST.				ADDRESS				
CITY-ST-ZIP	HIALEAH FL ST	☐ DELETE			ST-ZIP	****1	اللاث	*注注: Change	165
TITLE	GARCIA, YOLANDA			21 TITLE 22 NAME		•		CT Oldige	LLI POSMON
NAME	691 E 53RD STREET				, ADDOCOD				
STREET ADDRESS	HIALEAH FL				ADDRESS				
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NAME		Ed seems	4. 2 N						
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			1		T ADDRESS				
STREET ADDRESS					ST-ZIP				
CAY-ST-ZIP TITLE		DELETE	6.1 Ti	_	1	D1.1\30		Change	Addition
			6.2 N			15 1212		·	
NAME CIRCLI MAGRICIA					T ADDRESS)			
STREET ADDRESS									
CITY-ST ZIP	has contifue that the information sure	alied with this filing does not a			ST-ZIP	d in Section 119.07(3)(i). Florida Statute	s. I further	certify the	at the

in this filling does not quality for the exemption stated in section 118.07(3)(1), Florida Statutes, 1 further certify that the amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that figures or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and attachment with an address. I do hereby certily that the information supplied wi information indicated on this armual report or supp Lam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed or o

Daytime Phone #