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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 692682 (8)

1. Corporation Name
MIAMI SHORES SERVICE STATION, INC.

Principal Place of Business
9601 N.E. 2 AVENUE
MIAMI SHORES FL 33138

Mailing Address
9601 N.E. 2 AVENUE
MIAMI SHORES FL 33138-2721



3. Date Incorporated or Qualified 06/26/1981
3a. Date of Last Report 02/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2107247		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BURTON, CARBARA
11955 W DIXIE HWY
MIAMI FL 33161

10. Name and Address of New Registered Agent	
81 Name Christopher P Kelley	
82 Street Address (P.O. Box Number is Not Acceptable)	11098 Biscayne Blvd Suite 205
83	
84 City Miami	FL 85 Zip Code 33161

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]* DATE 1/11/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ORLANDI, MARY	1.1 TITLE	VPS
NAME	ORLANDI, MARY	1.2 NAME	Suzette Orlandi
STREET ADDRESS	10400 BUENOS AIRES ST	1.3 STREET ADDRESS	6703 S.W. 161 Ave
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	Pt Lauderdale, FL 33331
TITLE	SD ORLANDI, CHARLES R., III	2.1 TITLE	P/D
NAME	ORLANDI, CHARLES R., III	2.2 NAME	Charles Orlandi III
STREET ADDRESS	211 NW 197 AVENUE	2.3 STREET ADDRESS	6703 SW 161 Ave
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pt Lauderdale, FL 33331
TITLE	TD ORLANDI, MARK	3.1 TITLE	
NAME	ORLANDI, MARK	3.2 NAME	
STREET ADDRESS	8833 NE 4TH AVE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/6/97 (305) 758-0072

CR2E034 (9/96)