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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F30771 (2)

1. Corporation Name

J.S. SERVICE STATION, INC.



Principal Place of Business

41 COCOPLUM DRIVE  
KEY MARATHON FL 33047  
US

Mailing Address

41 COCOPLUM DRIVE  
KEY MARATHON FL 33047  
US

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Country             |
| 24 | Country             | 29 | Zip                 |
| 25 | Country             | 30 | Country             |

9. Name and Address of Current Registered Agent

SUAREZ, JUAN  
1740 PALM AVENUE  
HIALEAH FL 33010

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 of type of person named in registered agent and street address

(NOTE: Registered Agent's name and street address must be typed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                   |  |
|----------------|--------------------|-------------------|--|
| TITLE          | DP                 | 11 TITLE          |  |
| NAME           | SUAREZ, JUAN E     | 12 NAME           |  |
| STREET ADDRESS | 190 E 51ST PL      | 13 STREET ADDRESS |  |
| CITY- ST- ZIP  | HIALEAH, FL 00000  | 14 CITY- ST- ZIP  |  |
| TITLE          | DS                 | 21 TITLE          |  |
| NAME           | SUAREZ, ADELAIDA A | 22 NAME           |  |
| STREET ADDRESS | 190 E 51ST PL      | 23 STREET ADDRESS |  |
| CITY- ST- ZIP  | HIALEAH, FL 00000  | 24 CITY- ST- ZIP  |  |
| TITLE          |                    | 31 TITLE          |  |
| NAME           |                    | 32 NAME           |  |
| STREET ADDRESS |                    | 33 STREET ADDRESS |  |
| CITY- ST- ZIP  |                    | 34 CITY- ST- ZIP  |  |
| TITLE          |                    | 41 TITLE          |  |
| NAME           |                    | 42 NAME           |  |
| STREET ADDRESS |                    | 43 STREET ADDRESS |  |
| CITY- ST- ZIP  |                    | 44 CITY- ST- ZIP  |  |
| TITLE          |                    | 51 TITLE          |  |
| NAME           |                    | 52 NAME           |  |
| STREET ADDRESS |                    | 53 STREET ADDRESS |  |
| CITY- ST- ZIP  |                    | 54 CITY- ST- ZIP  |  |
| TITLE          |                    | 61 TITLE          |  |
| NAME           |                    | 62 NAME           |  |
| STREET ADDRESS |                    | 63 STREET ADDRESS |  |
| CITY- ST- ZIP  |                    | 64 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration Date

CR2E034 (12/95)