

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K62050 (5)

1. Corporation Name

A.G.P. SERVICE STATION, INC.

Principal Place of Business

8701 N.W. 13TH TERRACE
MIAMI FL 33172

Mailing Address

8701 N.W. 13TH TERRACE
MIAMI FL 33172



2. Principal Place of Business

21 7900 N.W. 36 ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 7900 N.W. 36 ST.
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 Zip 33166

Country

25 USA

27 City & State

28 MIAMI, FL

29 Zip 33166

Country

30 USA

3. Date Incorporated or Qualified

01/30/1989

3a. Date of Last Report

01/25/1995

4. FEI Number

65-0110188

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, EDWARD S.
328 MINORCA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

LUIS ARIAS

82 Street Address (P.O. Box Number is Not Acceptable)

7900 N.W. 36 ST.

83

84 City

MIAMI

FL

85 Zip Code

33166

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

X

Signature typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when reinstating)

X 1-18-96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P
NAME ARIAS, FELIX
STREET ADDRESS 8701 NW 13TH TERR.
CITY-ST-ZIP MIAMI FL

1.2 NAME

S
NAME ARIAS, LUIS
STREET ADDRESS 8701 NW 13TH TERR.
CITY-ST-ZIP MIAMI FL

1.3 NAME

~~VP~~
~~NAME ARIAS, LUIS~~
~~STREET ADDRESS 8701 NW 13TH TERR.~~
~~CITY-ST-ZIP MIAMI FL~~

1.4 NAME

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 NAME

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 NAME

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS 7900 N.W. 36 ST.
1.4 CITY-ST-ZIP MIAMI, FL

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS 7900 N.W. 36 ST.
2.4 CITY-ST-ZIP MIAMI, FL

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-18-96 (305) 592-4884

CR2E034 (12/95)