Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14677**

Corporation Name

Principal Place of Business

PETRO STATION CORP.

12530 SW 114 AVE MIAMI FL 33176 US			12530 SW 114 AVE MIAMI FL 33176 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/08/1989						
Principal Place of Business 2a. Mailing Address								4. FEI Number			Applied For		
21			26					65-0145239			Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional						
22			27				Э.	Certificate of Otatos Desired	, 	F	ee Req	uired	
City & State			City & State				6.	Election Campaign Financing	1			May Be	
23			28				<u> </u>	Trust Fund Contribution			ided to	Fees	
Zip	Country	\vdash	Zip Country				8. This corporation owes the current year Intangible						
24	25 29 30			' 			Personal Property Tax. ✓ Yes ☐ No 10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Registe	эгеа Адент	81	П	Name	10.	Hame and Address of New Adgr.	3101047	goni			
BACELIS, GRAZVYDAS													
12530 SW 114 AVE			8:			Street Addres	ss (P	P.O. Box Number is Not Acceptable)					
MIAMI FL 33176													
					1								
				84	4	City			FL	85	Zip C	ode	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	OFFICERS AND		.,	13.	- SIR 8	signature required s		ADDITIONS/CHANGES TO OFFICE) DIRI	CTO	RS IN 12	
12. TITLE	DP OT TIGHTS AND	DIREC	□ DELETE	1.1 TITLE				ADDITIONO OF A CONTROL		☐ Ch		☐ Addition	
NAME	NETO, ZACHARIAS BAPTISTA	, and the second of the second		1.2 NAME									
STREET ADDRESS	10000 OUT 114 AVENUE		1.3 \$1		STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL			1.4 CITY-5				•					
TITLE	DVP			2.1 TITLE	2.1 TITLE					Ch	ange	Addition	
NAME	BRONHOLI, ANISIO LUIS		2.2 N		2.2 NAME							ł	
STREET ADDRESS	13411 SW 116TH PL			2.3 STREE	ET A	ADDRESS						İ	
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-	ST.	-ZIP							
TITLE			3.1 TITLE						Ch	ange	☐ Addition		
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STREET ADDRESS				4.3 STREE									
CITY-ST-ZIP			Constant	4.4 CITY	_	-ZIP				l T ∩ Ch	2000	Addition	
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME							ariye		
NAME				5.2 NAME 5.3 STREE		ADDRESS							
STREET ADDRESS				5.4 CITY-									
CITY-ST-ZIP			DELETE	6.1 TITLE	_	-215				□ Ch	ange	Addition	
TITLE			™ nerese	6.2 NAME						رب ص			
NAME				A.T. LALABLE		1						- 1	

14. I 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 corpolation or the receiver of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/4/99 (30%) 553-6327

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90043 039 ***150.00

KZEU34 (11/98)