

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L16035 (2)**  
 1. Corporation Name  
**NORTH ATLANTIC SERVICE CORPORATION**



Principal Place of Business: **16701 NW 57 AVENUE OPALOCKA FL 33055 US**  
 Mailing Address: **ATLANTIC AMOCO 16701 N.W. 57TH AVE. OPA LOCKA FL 33055-3918 US**

3. Date Incorporated or Qualified: **09/15/1989**      3a. Date of Last Report: **03/26/1996**  
 4. FEI Number: **65-0187042**      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

2. Principal Place of Business: **21** Suite, Apt #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
 2a. Mailing Address: **26** Suite, Apt #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**CONSIGLIENI**  
**16701 NW 57TH AVE**  
~~OPALOCKA~~  
**OPA LOCKA FL 33055**

10. Name and Address of New Registered Agent  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>C. ESPINOSA, AGUILO</b>
STREET ADDRESS	<b>CANTU ARIAS #273</b>
CITY - ST - ZIP	<b>LIMA, PERU</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>CONSIGLIERI, JOSE R.</b>
STREET ADDRESS	<b>JR. AZANGARA 641</b>
CITY - ST - ZIP	<b>LIMA, PERU</b>
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE
NAME	<b>CONSIGLIERI, MARIO</b>
STREET ADDRESS	<b>5750 N KENDALL DR</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Handwritten signature) DATE: **04 27 97** DAYTIME PHONE #: **(305) 620.1681**

CR2E034 (9/96)