

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

FILED

**Mar 19 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 # L20621 (3)
1. Corporation Name
SUNSHINE GASOLINE DISTRIBUTORS #30011, INC.



Principal Place of Business: **8675 NW 53 ST.
SUITE 109
MIAMI FL 33166**
Mailing Address: **8675 NW 53 ST.
SUITE 109
MIAMI FL 33166-4512**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1989	3a. Date of Last Report 04/26/1996
21. State, Apt. #, etc.	22. City & State	26. Suite, Apt. # etc.	27. City & State	4. FEI Number 65-0358095	Applied For Not Applicable
23. Zip	Country	28. Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	Country	29. Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**RAMIREZ, FREDERICK J.
10041 PINES BLVD.
SUITE C
PEMBROKE PINES FL 33024**

81. Name	10. Name and Address of New Registered Agent	
82. Street Address (P.O. Box Number is Not Acceptable)		
83. City		
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																						
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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 included 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: _____ **3-5-97** **305-477-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE
0227280

CR2E034 (9/96)