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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8775 W FLAGLER ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38669

(2)

Mailing Address 8775 W FLAGLER ST

FONTAINEBLEAU GAS & WASH, INC.

FILED Apr 28 1997 8:00am Secretary of State



x 4-21-97 305-592-4884

| MIAMI FL 33174-2417 | | MIAMI FL 33174-2417 | | | | |
|---------------------------------------|---|--|---|---|--|-------------------------|
| | | | | 3. Date Incorporated or Qualified 12/28/1989 | 3a. Date of Last Rep 02/05/1996 | oort |
| | ace of Business | 2a. Mailing Address | . 20 0- | 4. FEI Number | ├ ── ── | lied For |
| | N.W. 36 57 | | 36 37 | 65-0178453 | | Applicable |
| Suite, Apr. 1 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | 9MI, FL | City & State | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 M | • |
| 72216 | Country CA | 2931 | Country 30 USA | 8. This corporation has liability for it | | |
| <u> </u> | 9 Name and Address of Curren | | 30 0077 | 10. Name and Address of New Red | | |
| LUNS | ARIAS | | 81 Name | 1110 00100 | | |
| | W FLAGLER ST | | 82 Street Add | fress (P.Q. Box Number is Not Acceptab | le) | |
| | MI FL 33174 | | 311001700 | 900 N.W. 36 | <u>"57:</u> | |
| | | | 83 | | | |
| | | | 84 City 🛦 | | 85 Zip.Co | ode. |
| | / sk . 10/2 . 2 . 2 | | | NAM! | FL 33 | 166 |
| 11. Pursuant I office or re | o the provisions of Sections 607.050 earstered agent, or both, in the State | 2 and 607.1508, Florida Statute & Florida, Such Change was a | es, the above-named cor- uthorized by the corpora | poration submits this statement for the pation's board of directors. I hereby accept | urpose of changing its It the appointment as re | registered agistered |
| agent Lar | n familiar with, and accept the obliga | ations of Section 607.0505, Flo | rida Statutes. | | 1/ 5/ 67 | • |
| SIGNATURE | | 1 Cuias | Registered Agent signature requ | X | 4-21-97 | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS | IN 12 |
| TOLE | P | DELETE | | Zoomono/on/indea to of no | Change | Addition |
| NAM? | ARIAS, LUIS | V-New Y | 1 " | UIS ARIAS | • | |
| STREET ADDRESS | 8775 W. FLAGLER ST. | | | 900 N.W. 36 ST. | | |
| CITY-ST-ZIP | MIAMI FL | | | SIAMI, FL | | |
| TILE | V | DELETE | 21 TITLE | 1 | Change | Addition |
| NAMC | MORENO, ANTONIO | | 2.2 NAME | NTONIO MORENO | | |
| STREET ADDRESS | 8775 W. FLAGLER ST. | | 2.3 STREET ADORESS | 900 N.W. 36 ST. | | |
| CHY-SI-7P | Miami FL | | | MAMI. FC | | |
| 1:T),f | S | DELETE | 3 1 TITLE | | Change | ☐ Addition |
| NAME | ARIAS, LUIS | | 32 NAME | | ~ , | |
| STREET ADDRESS | 8775 W. FLAGLER ST. | | 3.3 STREET ADDRESS | | | |
| CITY ST ZIF | MIAMI FL | | 3.4. CITY - ST - ZIP | | | |
| TIFLE | | ☐ DELETE | 4.1 TITLE | | L Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | | |
| CH r - ST - 7)P | | Flocustr | 4.4 CITY+ST-ZIP | | | T Lastress |
| TITLE | | DELETE | 5.1 TITLE | | L. Change | Addition |
| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITUE | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | <u> </u> | ☐ Change | Addition |
| NAME: | | C) VICEIL | 6.2 NAME | | LLI Onlings | rigation) |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | • | 6.4 CITY-ST-ZIP | | | |
| 48 Lala barah | by certify that the information supplied | d with this filing does not qualif | u for the evernation state | nd in Section 119.07(3)(i), Florida Statutes | s. I further certify that th | 1 . |
| informatio Fam an of appears in | n indicated on this annual report or s ficer or director of the corporation or h Block 12 or Block 13 if changed of | upplemental annual report is to the receiversor trustee empower on an attachment with an add | ue and accurate and that ered to execute this repo ress | at my signature shall have the same lega ort as required by Chapter 607, Florida S | effect as if made unde latutes; and that my na | ∍r oath; th .me |

TED NAME OF SIGNING OFFICER OR DIRECTOR