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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

C/O ALDO SANCHEZ

C & M OIL COMPANY, INC.

DOCUMENT # 1. Gorporation Name: M01891

(4)

C/O ALDO SANCHEZ

**FILED** Feb 05 1996 8:00 am Secretary of State

| noipal Place of Business Matino Address |  |
|---|--|
|---|--|

| 3655 N.W. 56<br>MIAMI FL 33   |  | 3655 N.W. 58TH STRE<br>MIAMI FL 33142-2019                  | ET                                  |              |                     | 3.  | Date Incorporated or Qualified 06/19/1984                                 | 3a. Date                   | of Last<br>3/27/1      |   |  |
|-------------------------------|--|---|-------------------------------------|--------------|---------------------|---|---|----------------------------|------------------------|---|--|
| 2. Principal Pia              | ace of Business  | 2a. Mailing Address   | **                                  |              |                     | 4.  | FEI Number  |                            | <i>3 21 </i>           | Applied For                             |  |
| 21                            |  | 26  |                                     |              |                     |   | 59-2425286  |                            |                        | Not Applicable                          |  |
| Suite, Apt 7                  |  | Suite, Apt. #, etc.   |                                     |              |                     | 5.  | Certificate of Status Desired   |                            | -                      | 75 Additional<br>e Required             |  |
| 23                            | City & State City & State  |   |                                     |              |                     | Election Campaign Financing \$5.00 May Be |   |                            |                        |   |  |
| Zip                           | Country  | 28]<br>Zip  | Coun                                | trv.         |                     | <del></del>                               | Trust Fund Contribution   |                            |                        | ded to Fees                             |  |
| 24                            | 25   | 29  | 30                                  | ,            |                     |   | This corporation has liability for in Florida Statutes Yes                |                            | ix under               | s 199.032,                              |  |
|                               | 9. Name and Address of Current   | Registered Agent  |                                     |              |                     |   | Name and Address of New R   |                            | Agent                  |   |  |
|                               |  |   | 1                                   | 91           | Name                |   |   | <u> </u>                   | <u> </u>               |   |  |
|                               | Z, ALDO  |   | 1                                   | 32           | Street Addre        | ess (P.                                   | O. Box Number is Not Acceptable   | le)                        |                        |   |  |
|                               | W. 58TH STREET   |   | L                                   |              |                     |   | - To the topicon  |                            |                        |   |  |
| MIAMI FI                      | L 33125  |   | 1                                   | 33           |                     |   |   |                            |                        |   |  |
|                               |  |   | ļī.                                 | 34           | City                |   |   |                            | 85                     | Zip Code                                |  |
| 11. Pursuant to               | o the provisions of Sections 607,0502 and agent, or both, in the State of Florida  | and 607 1508 Florida Statute                                | or the above                        |              |                     |   |   | FL                         |                        | •                                       |  |
| or registere<br>familiar with | the provisions of deciding but 1992 a<br>th agent, or both, in the State of Florida<br>th, and accept the obligations of, Sectio | . Such change was authorize<br>∩ 607.0505, Florida Statutes | es, the above<br>ed by the co<br>i. | e-na<br>rpor | ation's boar        | ation su<br>d of dir                      | ubmits this statement for the purple<br>rectors. I hereby accept the appo | pose of cha<br>pintment as | nging its<br>registere | s registered office  <br>ed agent. I am |  |
| SIGNATURE                     | Signation, type that purpled name of registered agencias   |   |                                     |              | kçmature required   |   |   |                            |                        |   |  |
| 12.                           | OFFICERS AND   |   | 13.                                 | Perit S      | rún ature res, areo |   | ADDITIONS/CHANGES TO OFFIC  | DATE                       | DIDECT                 | CODO INLAO                              |  |
| TITLE                         | DP   | ☐ DELETE  | 1. 1 TiTu                           | E            |                     |   | ADDITIONS/OFFICES TO OFFIC  |                            | Change                 |   |  |
| NAME                          | SANCHEZ, ALDO  |   | 1.2 NAM                             | ΙE           |                     |   |   | L                          | _ Onlange              |   |  |
| STREET ADDRESS                | 3655 N.W. 58TH STREET  |   | 1.3 STR                             | ET AS        | DORESS              |   |   |                            |                        |   |  |
| City's 78                     | MIAMI FL   |   | 14 CITY                             | - 51-        | ZIP                 |   |   |                            |                        | ļ                                       |  |
| THEF                          | D  | ☐ DELETE  | 2 1 TITL                            | F            |                     |   |   |                            | ] Change               | Addition                                |  |
| NAME:                         | SANCHEZ, JOSE<br>3655 N.W. 58TH STREET   |   | 2 2 NAM                             | Ε            |                     |   |   |                            |                        |   |  |
| STYLET ADORESS                | MIAMI FL   |   | 2 3 STRE                            |              |                     |   |   |                            |                        |   |  |
| City - ST - Zif:<br>Tible     | MICHAIL L  | DELETE  | 2 4 CITY<br>3 1 HTL                 |              | ZIP                 |   |   |                            |                        |   |  |
| NAM <del>)</del>              |  | beeen   | 3 2 NAM                             |              |                     |   |   | L.                         | Change                 | : 🔲 Addition                            |  |
| STREET ADDRESS                |  |   | 3.2 NAM<br>3.3 SIRI                 |              | nnarce              |   |   |                            |                        |   |  |
| CI*Y+\$*+7.≥                  |  |   | 3 4 CITY                            |              |                     |   |   |                            |                        |   |  |
| TOTALE                        |  | DELETE  | 4 1 TITL                            |              |                     |   |   |                            | ) Change               | . Addition                              |  |
| NAME:                         |  |   | 4.2 NAM                             | ٤            |                     |   |   |                            | <b>J</b> Criange       |   |  |
| SPREEL ADDRESS                |  |   | 43STRE                              | ET AD        | DRESS               |   |   |                            |                        |   |  |
| CHY-\$1-7(£                   |  |   | 4.4 C(1)                            | - ST - Z     | ZIP                 |   |   |                            |                        |   |  |
| THEF                          |  | DELETE  | 5 1 THL                             | E            |                     |   |   |                            | ] Change               | ☐ Addition                              |  |
| NAME                          |  |   | 5.2 NAM                             | É            |                     |   |   |                            |                        | ,                                       |  |
| SEFFET ADDRESS                |  |   | 53 STRE                             | ET AD        | DRESS               |   |   |                            |                        |   |  |
| CHY ST ZIP                    |  | TO Street   | 5 4 CITY                            |              | !IP                 |   |   |                            |                        |   |  |
| NAMr                          |  | DELETE  | 6 1 1111                            |              |                     |   |   |                            | ] Change               | ☐ Addition                              |  |
|                               |  |   | 6.2 NAM                             |              |                     |   |   |                            |                        |   |  |
| STREET ADDRESS                |  |   | 63 STRE                             |              | •                   |   |   |                            |                        | 1                                       |  |
| Clr-St-ZiP                    | cecify that the information supplied wit   | in this filing is voluntarily from                          | 6 4 City                            |              |                     |   |   |                            |                        |   |  |

roo 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 cath 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

SIGNATURE: ALLO SEAL IN SIGNATURE AND TYPED OR PRINTED NAME