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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M01891

(4)

C & M OIL COMPANY, INC.

FILED	
Feb 04 1998 8:00an	1
Secretary of State	



Original Disc	at Dusiness						
Principal Place of Business Mailing Address							
C/O ALDO SANCHEZ 3655 N.W. 58TH STREET MIAMI FL 33142-2019  C/O ALDO SANCHEZ 3655 N.W. 58TH STREET MIAMI FL 33142-2019							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address			<b>06/19/1984 4.</b> FEI Number		
21		26	3		59-2425286	<del></del>	pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			60 75	Additional
22		27			5. Certificate of Status Desired	1 1 7	lequired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	Country	28		<del></del>	Trust Fund Contribution	· · ·	to Fees
Zip 24	Country 25	Zip	Country		8. This corporation owes or has pa		
<u> </u>	9, Name and Address of Curro	29 rent Registered Agent	[30]		Personal Property Tax due June 10. Name and Address of New Re		No
SA	NCHEZ, ALDO		81	Name	10.	gratarea Agent	
	55 N.W. 58TH STREET		82	Carra Arlaha	(0.0.0		
	AMI FL 33125		82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)	
			83				
			84	City		last z	0-4-
				-		FLI	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida	Statutes, the above-r	named corpo	ration submits this statement for the p in's board of directors. I hereby acce	ourpose of changing i	ts registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.050	05, Florida Statutes.	ie corporatio	irs board of directors. Thereby acce	or the appointment as	s registerea
SIGNATURE							
12.	Signature, typed or printed name of registered a	agent and tipe if appticable	(NOTE: Registered Agent of	signature required		DATE	
TITLE	DP OFFICERS AI	DELET	<b>13.</b> TE 1.1 TITLE	DV	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12 Addition
NAME	SANCHEZ, ALDO		1.2 NAME		DO SANCHEZ	<b>∠</b> ) Change	
STREET ADDRESS	3655 N.W. 58TH STREET		1.3 STREET AD	IDRESS	SS NW S8ST		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - 2	7IP 36	85 NN 3831 AMI FL 33147	L	
TITLE	D	DELET		DP		Change	Addition
NAME	SANCHEZ, JOSE		2.2 NAME		SFERNANDEZ		
STREET ADDRESS	3655 N.W. 58TH STREET		2.3 STREET AD	DRESS 26.	- NW SAST		
CITY-ST-ZIP	MIAM! FL		2. 4 CITY-ST-	ZIP MI	5 NN 585T 1NI FL 33142		
TITLE		DELET	E 3.1 TITLE			Change	Addition
NAME			3.2 NAME				f
STREET ADDRESS			3.3 STREET AD	DRESS			
CITY-ST-ZIP			3.4. C(TY - ST - 7	ZIP			
TITLE		☐ DELET	E 4.1 TITLE	ļ		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADI	1			
CiTY-ST-ZIP		DOLL	4.4 CITY-ST-Z	IP			
TITLE		☐ DELETI				L Change	Addition
NAME Street address			5.2 NAME	ppcee			
CITY-ST-ZIP	· ·		5 3 STREET ADD				
TITLE		DELET	5.4 City - St - Zi E 6.1 title	ır		☐ Change	Addition
NAME		_ veet	6.2 NAME				☐ ∨orkion
STREET ADDRESS			6.3 STREET ADD	TRESS			
CITY-ST-ZIP			6.4 CITY-ST-Z				

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 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 13 if changed or on an attachment with an address