

**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 # M46712 (9)**

**1. Corporation Name  
SUNSHINE GASOLINE DISTRIBUTORS, INC.**



**Principals' Place of Business**  
8675 N.W. 53 ST.  
SUITE 109  
MIAMI FL 33168

**Mailing Address**  
8675 NW 53 ST  
SUITE 109  
MIAMI FL 33168-4512  
US

**3. Date Incorporated or Qualified** 02/17/1987  
**3a. Date of Last Report** 04/25/1996  
**4. FEI Number** 59-2785839  
**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**  
**2a. Mailing Address**  
21 Subst., Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

**9. Name and Address of Current Registered Agent**  
ALVAREZ, MAXIMO  
4834 NW 94 DORAL PL  
MIAMI FL 33178

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**11. Pursuant to the provisions of Sections 607.05(2) 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.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PST ALVAREZ, MAXIMO	13.1 TITLE	
12.2 STREET ADDRESS	4834 NW 94 DORAL PL	13.2 NAME	
12.3 CITY - ST - ZIP	MIAMI FL	13.3 STREET ADDRESS	
12.4 TITLE	D	13.4 CITY - ST - ZIP	
12.5 NAME	ALVAREZ, MAXIMO	13.5 TITLE	
12.6 STREET ADDRESS	4834 NW 94 DORAL PL	13.6 NAME	
12.7 CITY - ST - ZIP	MIAMI FL	13.7 STREET ADDRESS	
12.8 TITLE		13.8 CITY - ST - ZIP	
12.9 NAME		13.9 TITLE	
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY - ST - ZIP		13.11 STREET ADDRESS	
12.12 TITLE		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 TITLE	
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY - ST - ZIP		13.15 STREET ADDRESS	
12.16 TITLE		13.16 CITY - ST - ZIP	
12.17 NAME		13.17 TITLE	
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY - ST - ZIP		13.19 STREET ADDRESS	
12.20 TITLE		13.20 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 and data 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 unchanged, or on an attachment with an address.**

**SIGNATURE:** *[Signature]* **3-5-97** **305-477-5800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)