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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNL	PORATION JAL REPORT 1997		Sandra B. Morth Secretary of State DIVISION OF CORPORA		•	Secretary of State		
	n Name	173717 AD TEXACO, INC.	(4)			1 180 164 HI 1818 HI HI 1818 H	(1 140), B(B) B(B) B(B)	6/8/4 E/E/I / E/E/
Principal Place of Business 508 ARTHUR GODFREY RD. MIAMI BEACH FL 33140		508 AF	Mailing Address 508 ARTHUR GODFREY RD. MIAMI BEACH FL 33140-3510					
						Date Incorporated or Qualified 03/21/1988	3a. Date of L 04/19/19	
	ace of Business	-	illing Address			4, FEI Number		Applied For
21 Suite, Apt 22	#, ek:	26 Su 27	ite, Αρτ. #, etc.			65-0037686 5, Certificate of Status Desired	1 1	Not Applicable 75 Additional ee Required
City & State	3	and the second and th	y & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Z(p)	Cour 25	29	Ĭ:	Countr 30	у	1	Yes No	der s. 199.032,
		ress of Current Registere	d Agent	81	Name	10. Name and Address of New F	egistered Agent	
717	die, ainslee R. Ponce de Leon I	BLVD.		B		dress (P.O. Box Number is Not Accepta	ible)	
	'E 215 AL GABLES FL 33'	134		83)	4-1		
:				84	1 7		FL 85	Zip Code
11. Pursuant office or ri agent La	to the provisions of Se egistered agent, or bo m familiar with, and ar	etions 607 0502 and 607. th, in the Stale of Florida scept the obligations of, Se	508 Florida Statute Such change was a ection 607,0505, Flor	s, the about horized b rida Statute	ve-named cor by the corpora es.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of chang apt the appointme	jing its registered int as registered
SIGNATURE		पार को क्यूंनिकत हो बच्च पट बाजो सीर से बा						
12.		OFFICERS AND DIRECTO		13.	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12
HOLE	D		DELETE	1.1 TITLE			☐ Ch	
NAME	CASTELLON,OSC			1.2 NAME)			ļ
STHEET ADDRESS	508 ARTHUR GO			1.3 STREE	T ADDRESS			j
CHY-ST-7IP	MIAMI BEACH FL			1.4 C(TY -	ST-ZIP			
701.6			☐ DELETE	2.1 TITLE	Ì		L. Cn	ange LJ Addition
NAME				2.2 NAME	1			
STREET AUDOLOS					1 ADDRESS			1
00Y-81-26 1 DF		**************************************	DELETE	2 4 CITY 3 1 TITLE			☐ Cn	lange Addition
NAME				3.2 NAME	1			
STREET ADDRESS				3.3 \$1868	T ADDRESS			1
C/1Y+\$1+70F				3.4 CITY	-ST - 21P			
Tirif			DELETE	4.1 TITLE			☐ Ch	ange Addition
NAME				4. 2 NAM	i			J
STREET ADDRESS				4.3 \$1REE	T ADDRESS			ĺ
CHY-S1 ZIP			DELETE	4.4 CiTY-				ange Addition
FILE	l		DELETE	51 TITLE			LJ Ch	ange L_1 Addition
NAME STREET ADDRESS				5 2 NAME	1 ADDRESS			
STREET ADDRESS CHY-ST-ZIP				5.3 STREE	J			1
TITLE			DELETE	6.1 TITLE	ST-EH		☐ Ch	ange Addition
NAME				6.2 NAM5			•	(
20400140002				6.3 CTDES	T ADDRESS			

14. I do hereby certify that the information supplied with this fling 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on any trachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

DSCAR CASTELLON IN

FILED

Mar 19 1997 8:00am