

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005663 (9)

1. Corporation Name

EAGLE #3 CORP. GAS STATION



Principal Place of Business

Mailing Address

2201 NW 62 ST.
MIAMI FL 33147
US

4790 N.W. 7TH ST.
SUITE 200
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 5033 NW 7 ST. No. 502
City & State

23 Zip

25 Country

28 MIAMI, FL.
Zip

30 Dade
Country

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified
11/16/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0368998

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

ALVAREZ-GOMEZ, FRANCISCO
4790 N.W. 7TH STREET
SUITE 200
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5033 NW 7 ST. No. 502

84 City MIAMI

FL

85 Zip Code 33126

11. Pursuant to the provisions of Sections 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALVAREZ-GOMEZ, FRANCISCO
STREET ADDRESS 4790 N.W. 7TH STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CARBAJALES, CEFERINO
STREET ADDRESS 4699 N.W. 183RD STREET
CITY-ST-ZIP OPA LOCKA FL 33055 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME REYES, OBED
STREET ADDRESS 2522 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE M
3.2 NAME SILVIA CABRERA
3.3 STREET ADDRESS 7231 BAMBOO STREET
3.4 CITY-ST-ZIP MIAMI LAKES - FL. 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: FRANCISCO ALVAREZ-GOMEZ (PRESIDENT) 04-26-1996 (305) 443-0152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)