


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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90022 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000036737		
1. Corporation Name A.F.P. GAS STATION INC.		

Principal Place of Business 2200 NW 79TH ST MIAMI FL 33147	Mailing Address 2200 NW 79TH ST MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/21/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0412408	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORA, FRANCISCO 2200 NW 79TH ST MIAMI FL 33147		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		FL	

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 reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, AMANCIO	12 NAME	
STREET ADDRESS	919 SW 24TH RD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, FRANCISCO	22 NAME	DV MORA FRANCISCO
STREET ADDRESS	6195 W 19TH AVE	23 STREET ADDRESS	8700 NW 16 ST
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP	RIMBUKE, FL 33024
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PACO	32 NAME	
STREET ADDRESS	3260 SW 139TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-99 305-836-5288

Date

Daytime Phone #

CR2E034 (11/98)