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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:23

DOCUMENT # **P93000070917 (8)**

1. Corporation Name

RAJO SERVICE STATION, INC.

Principal Place of Business	Mailing Address
845 5TH ST MIAMI BEACH FL 33139	845 5TH ST MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21: 6812 BISCAYNE BLVD
Suite, Apt. #, etc. — 22:
City & State — 23: MIAMI FL
Zip — 24: 33138 Country — 25: USA

2a. Mailing Address — 26: 6812 BISCAYNE BLVD
Suite, Apt. #, etc. — 27:
City & State — 28: MIAMI FL
Zip — 29: 33138 Country — 30: USA

4. FEI Number: 65-0443919 ☐ 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

9. Name and Address of Current Registered Agent

PALMA, JORGE M
845 5TH ST
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PALMA, JORGE	12 NAME	
STREET ADDRESS	18236 MEDITERRANEAN BLVD #1205	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PALMA, ROBERTO	22 NAME	
STREET ADDRESS	9425 SW 8TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PALMA, JORGE M	32 NAME	
STREET ADDRESS	11760 SW 24TH TER	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PALMA, RAUL	42 NAME	
STREET ADDRESS	9425 SW 8TH TER	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PALMA, ADRIAN	52 NAME	
STREET ADDRESS	100 WEST AVE #1114	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: RAUL PALMA DIRECTOR 1-13-95 (305)756-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146096 CP