

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000070917 (8)

1. Corporation Name

RAJO SERVICE STATION, INC.



Principal Place of Business

6812 BISCAYNE BLVD  
MIAMI FL 33138  
US

Mailing Address

6812 BISCAYNE BLVD  
MIAMI FL 33138  
US

3. Date Incorporated or Qualified  
10/13/1993

3a. Date of Last Report  
04/14/1995

4. F.E. 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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 brief address

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PALMA, JORGE  
STREET ADDRESS 18236 MEDITERRANEAN BLVD #1205  
CITY-STATE-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME PALMA, ROBERTO  
STREET ADDRESS 9425 SW 8TH ST  
CITY-STATE-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME PALMA, JORGE M  
STREET ADDRESS 11760 SW 24TH TER  
CITY-STATE-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME PALMA, RAUL  
STREET ADDRESS 9425 SW 8TH TER  
CITY-STATE-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME PALMA, ADRIAN  
STREET ADDRESS 100 WEST AVE #1114  
CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: *Raul Palma* RAUL PALMA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96  
Date

(305) 756-1171  
Daytime Phone #

CR2E034 (12/95)