

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072492 (0)**

1. Corporation Name
PASADENA CITGO, INC.



Principal Place of Business

1650 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address

1650 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/08/1993		03/30/1995
4.	FET Number	Applied For	
	65-0446744	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATKINSON, WILLIAM C III 1946 TYLER STREET HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE	D CARTER, THOMAS L 1650 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
2. NAME			2. NAME				
3. STREET ADDRESS			3. STREET ADDRESS				
4. CITY, ST, ZIP			4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
5. TITLE	D CARTER, VICKY G 1650 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
6. NAME			2.2 NAME				
7. STREET ADDRESS			2.3 STREET ADDRESS				
8. CITY, ST, ZIP			2.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
9. TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
10. NAME			3.2 NAME				
11. STREET ADDRESS			3.3 STREET ADDRESS				
12. CITY, ST, ZIP			3.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
13. TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
14. NAME			4.2 NAME				
15. STREET ADDRESS			4.3 STREET ADDRESS				
16. CITY, ST, ZIP			4.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
17. TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
18. NAME			5.2 NAME				
19. STREET ADDRESS			5.3 STREET ADDRESS				
20. CITY, ST, ZIP			5.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
21. TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
22. NAME			6.2 NAME				
23. STREET ADDRESS			6.3 STREET ADDRESS				
24. CITY, ST, ZIP			6.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *T. L. Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 432-5222
Date Fee

CR2E034 (12/95)