

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 06 1998 8:00am  
Secretary of State

DOCUMENT # P94000026269 (8)

1. Corporation Name

AQ & E SERVICE STATION, INC.



Principal Place of Business

Mailing Address

5005 COLLINS AVE.  
APT. 1104  
MIAMI BEACH FL 33140

5005 COLLINS AVE.  
APT. 1104  
MIAMI BEACH FL 33140  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 5060 SW 11 ST  
Suite, Apt. #, etc.

26 5060 SW 11 ST  
Suite, Apt. #, etc.

22 City & State  
Plantation

27 City & State  
Plantation

23 Zip 33317 Country

28 Zip 33317 Country

24

29 30

3. Date Incorporated or Qualified

04/06/1994

4. FEI Number

65-0480287

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, ALEXIS 5005 CO  
5005 COLLINS AVE.  
APT. 1104  
MIAMI BEACH FL 33140

81 Name LOURDES JIMENEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
5060 SW 11 STREET

83

84 City PLANTATION FL 85 Zip 33317

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

*Loures Jimenez* (Loures Jimenez)

3/31/98

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 JIMENEZ, ALEXIS  
STREET ADDRESS 5005 COLLINS AVE. APT 1104  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ DELETE

1.1 TITLE PD  
1.2 NAME JIMENEZ Alexis ☒ Change ☐ Addition  
1.3 STREET ADDRESS 5060 SW 11 ST ☒ Change ☐ Addition  
1.4 CITY-ST-ZIP PLANTATION, FL. 33317

TITLE SD  
NAME JIMENEZ, LOURDES  
STREET ADDRESS 5060 SW 11TH ST.  
CITY-ST-ZIP PLANTATION FL ☐ DELETE

2.1 TITLE PD  
2.2 NAME Jimenez, Lourdes ☒ Change ☐ Addition  
2.3 STREET ADDRESS 5060 S.W. 11ST.  
2.4 CITY-ST-ZIP PLANTATION, FL. 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ 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 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.

SIGNATURE: *Loures Jimenez* (Loures Jimenez) 3/31/98 524-1177 (954)

CR2E034 (10/97)