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

Mailing Address

3701 NW 167 STREET

2a. Mailing Address

26

OPA LOCKA FL 33055-4510

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

2. Principal Place of Business

3701 NW 167 STREET

OPA LOCKA FL 33055

21

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

DOCUMENT # P94000071165 (2)

AMERICAN OIL CO. OF SOUTH FLORIDA, INC.

Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 √ Yes Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SOSA, ORLANDO 3101 SW 102 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 83 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title, flapplicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME SOSA, ORLANDO 1.2 NAME 3101 SW 102 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE ☐ Change \_\_\_ Addition SOSA, SABINO 22 NAME 3101 SW 102 AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33165 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

1/1/200

14. I do hereby certify that the information supplier information indicated on this annual report of t am an officer or director of the corporation of appears in Block 12 or Block 13 if changed. ng does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the appeal report is truy and accurate and that my signature shall have the same legal effect as if made under oath; that frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name iment with an address.

Addition

**FILED** 

Feb 13 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

02/23/1996

3. Date Incorporated or Qualified

09/26/1994

65-0525673

4. FEI Number