FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12:05

DOCUMENT # **P94000077184 (7)**

1. Corporation Name
OLD CUTLER ROAD CHEVRON, INC.

Principal Place of Business	Mailing Address
% JOPHN KATSOULIS 20245 FRANJO ROAD MIAMI FL 33189	% JOPHN KATSOULIS 20245 FRANJO ROAD MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 20245 Franjo Rd	26 20245 Franjo Rd
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Miami FL	28 City & State: Miami FL
24 Zip: 33189 25 Country: USA	29 Zip: 33189 30 Country: USA

4. FEI Number: 65 0539738 ☐ 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	10. Name and Address of New Registered Agent
KATSOULIS, JOHN 20245 FRANJO ROAD MIAMI FL 33189	81 Name: John Katsoulis 82 Street Address (P.O. Box Number is Not Acceptable): 20245 Franjo Rd 83 Miami FL 33189 84 City: MIAMI FL 85 Zip Code: 33189

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
9 TITLE	D	11 TITLE	☐ Change ☐ Addition
10 NAME	KATSOULIS, JOHN	12 NAME	
11 STREET ADDRESS	20245 FRANJO ROAD	13 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL 33189	14 CITY ST ZIP	
15 TITLE	D	21 TITLE	☐ Change ☐ Addition
16 NAME	KATSOULIS, GEORGE	22 NAME	
17 STREET ADDRESS	20245 FRANJO ROAD	23 STREET ADDRESS	
18 CITY ST ZIP	MIAMI FL 33189	24 CITY ST ZIP	
19 TITLE		31 TITLE	☐ Change ☐ Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY ST ZIP		34 CITY ST ZIP	
23 TITLE		41 TITLE	☐ Change ☐ Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY ST ZIP		44 CITY ST ZIP	
27 TITLE		51 TITLE	☐ Change ☐ Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY ST ZIP		54 CITY ST ZIP	
31 TITLE		61 TITLE	☐ Change ☐ Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY ST ZIP		64 CITY ST ZIP	

14. I declare I certify that the information supplied with this report is voluntarily furnished and retained solely for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct 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 1 or Block 12 if changed, added or deleted.

SIGNATURE: _____ 1/11/95 (305) 251-9290
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Telephone Number

0200165 CP