

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P95000005505*

1. Corporation Name

West Star Oil Co of South Florida Inc.

Principal Place of Business	Mailing Address
1601 NW 119 St N Miami, FL 33167	1601 NW 119 St N Miami, FL 33167

3. Date Incorporated or Qualified 1/23/95	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0585487	Applied For <input type="checkbox"/> Not Applicable
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

Tomas Pequeno
10331 SW 20 Terrace
Miami, FL 33165

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ☒

(Signature of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
11.2 STREET ADDRESS		13. STREET ADDRESS	
11.3 CITY-STATE-ZIP		14. CITY-ST-ZIP	
11.4 TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
11.5 STREET ADDRESS		23. STREET ADDRESS	
11.6 CITY-STATE-ZIP		24. CITY-ST-ZIP	
11.7 TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
11.8 STREET ADDRESS		33. STREET ADDRESS	
11.9 CITY-STATE-ZIP		34. CITY-ST-ZIP	
11.10 TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
11.11 STREET ADDRESS		43. STREET ADDRESS	
11.12 CITY-STATE-ZIP		44. CITY-ST-ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
11.14 STREET ADDRESS		53. STREET ADDRESS	
11.15 CITY-STATE-ZIP		54. CITY-ST-ZIP	
11.16 TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
11.17 STREET ADDRESS		63. STREET ADDRESS	
11.18 CITY-STATE-ZIP		64. CITY-ST-ZIP	

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*****165.00**

14. I do 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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/96)