

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010594 (6)

1. Corporation Name

ALEX LAKES CHEVRON, INC.



Principal Place of Business

19020 N.W. 85TH COURT
MIAMI FL

Mailing Address

19020 N.W. 85TH COURT
MIAMI FL

2. Principal Place of Business

21 7375 Miami Lakes Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 7375 Miami Lakes Dr.
Suite, Apt. #, etc.

22 City & State

23 Miami Lakes, FL

24 33014
Zip

Country

25 U.S.A

27 City & State

28 Miami Lakes, FL

29 33014
Zip

Country

30 U.S.A

9. Name and Address of Current Registered Agent

GARBALOSA, ROBERT
19020 N.W. 85TH COURT
MIAMI FL

3. Date Incorporated or Qualified
02/07/1995

3a. Date of Last Report

N/A

4. FEI Number

650557429

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

10. Name and Address of New Registered Agent

81 Name

David J. Serret

82 Street Address (P.O. Box Number is Not Acceptable)

1822 S.W. 176th Ave

83

84 City

Miramar

FL

85 Zip Code

33029

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

1/31/96
DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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95. STREET ADDRESS
96. CITY-STATE-ZIP
95. 1. TITLE
96. NAME
97. STREET ADDRESS
98. CITY-STATE-ZIP
97. 1. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/31/96 (305) 823-7282
Date Daytime Phone #

CR2E034 (12/95)