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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028234 (9)

25TH ST. FINA STATION INC.

FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 9290 N.W. 25TH STREET 9290 N.W. 25TH STREET MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1995 4. FEI Number 2. Principal Place of Business 2a. Malling Address Applied For 21 26 Not Applicable 65-0571131 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country $Z_{\rm IP}$ This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELGADO, ORLANDO 9290 N.W. 25TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172** 83 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE PD 1.1 TITLE DELGADO, ORLANDO 1.2 NAME NAME 1827 S.W. 102ND PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE ٧D 21 TITLE SANTIBANEZ, ANGEL NAME 2.2 NAME STREET ADDRESS **7920 N.W. 169TH TERRACE** 2.3 STREET ADDRESS **MIAMI FL 33016** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **BLANCO, ANDRES** NAME 3.2 NAME STREET ADDRESS 55 NW 8TH PL 3.3 STREET ADDRESS MIAZMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME FUENTES, ELIDA 4 2 NAME 5073 NW 5TH ST STREET ADORESS 4.3 STREET ADDRESS MIAMI FL CITY ST ZIF 4.4 CITY - ST - ZIF DELETE Change Addition TITLE 5.1 TITLE NAME FERNANDEZ, SONIA 5.2 NAME STREET ADDRESS 7350 W 35TH AVE 5.3 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 5.4 CITY - ST - 21P DELETE Change TITLE 6.1 TITLE Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this tiling 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 supplierients 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 trusted 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 present the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 present the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/29/90