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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000039559 (6)

1. Corporation Name

LAUDERDOIL EXPRESS LUBE, INC.

5390

Principal Place of Business

5309 N. STATE RD. 7
FT. LAUDERDALE FL 3319
US

Mailing Address

5309 N. STATE RD 7
FT. LAUDERDALE FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1995

4. FEI Number

65-0587593

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5390 N. STATE RD. 7
Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL
Zip Country

24 33319

25 US

2a. Mailing Address

26 5390 N. STATE RD. 7
Suite, Apt. #, etc.

27 City & State

28 FORT LAUDERDALE, FL
Zip Country

29 33319

30 US

9. Name and Address of Current Registered Agent

DA FONSECA, JOAO THOMAZ C
5390 N. STATE ROAD 7
FT. LAUDERDALE FL 33319

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. 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DA FONSECA, JOAO THOMAZ C
STREET ADDRESS 2400 SPRINGDALE BLVD., P316
CITY-ST-ZIP PALM SPINGS FL 33461

TITLE ☐ DELETE
NAME DA FONSECA, JOSE MANUEL C
STREET ADDRESS 2400 SPRINGDALE BLVD., P316
CITY-ST-ZIP PALM SPINGS FL 33461

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address.

SIGNATURE:

JOAO THOMAZ C. DA FONSECA

04 24 98

(954) 739 1713

CR2E034 (10/97)