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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079192 (7)

TRITON MARINE FUELS U.S.A., INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
C/O 101 MADEIRA AVENUE C/O 101 MADEIRA AVENU CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
					10/16/1995
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For	
21		26	26		<b>65-0634415</b> Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27			Fee Required
City & State		City & State	City & State		B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip Country		Zip Country		v	8. This corporation owes or has paid the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30.  Yes X No
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
ARA	AZOZA, COMAS D		8	Name	
AP	A.		<b>B2</b> Str		Address (P.O. Box Number is Not Acceptable)
	Madeira avenue   Ral Gables Fl 33134		B:		
	IVIL GADELO I E GOTOT		L		Last Out
			B4		FL 85 Zip Code
I office or re	egistered agent, or both, in the S	State of Florida. Such change wa:	s authorized t	y the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the c	obligations of, Section 607.0505,	Florida Statute	S.	
SIGNATURE	Signature: Typed or printed name of registers	N programa tale diapple able (N	OTE Fingistered A	ent aignature	e required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE 1.1			V.P. Change Addition
NAME MS.ANA BIURRARENA			1.2 NAME		MS. ANA BIURRARENA
STREET ADDRESS C/O 3191 CORAL WAY SUITE		UITE 202	202 1.3 STREET ADDRESS		C/O 3191 CORAL WAY SUITE 202
CITY-ST-ZIP	MIAMI FL		1.4 City-	ST-ZIP	MIAMI FL 33145
TITLE		☐ DELFTE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	ss		2.3 STREI	T ADDRESS	
CITY - ST - ZIP			2 4 CITY	ST-ZIP	
TITLE	.E		3 1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	I ADORESS	
CITY-ST-ZIP			34. CITY	ST-ZIP	
TITLE	DELETE 4.		4.1 TITLE		Change Addition
NAME			4. 2 NAM	<u> </u>	
STREET ADDRESS			4.3 STRE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE	<b>_</b>		5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE	DELETE 6.		6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	T ADDRESS	
CITY-ST-ZIP			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 roport or supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under oalh; that I am an officer or director of the corporation or the receiver or trustee impowered 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.

(305) 444-2115 APPIL 17 1908