

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P950000096447**
1. Corporation Name
G.B. Quick Lube, Inc.

Principal Place of Business Mailing Address
2700 North State Road 7 **Same**
Lauderdale Lakes, FL 33313

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt. # etc.	26. State Apt. # etc.	12-21-95	4-4-96
22. City & State	27. City & State	4. FID Number	☒ Delinquent Fee Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 193.03, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CYRO CHEMALE BARCELLOS~~
~~419 49th Street~~
~~West Palm Beach, FL 33404~~
WASCHMENTO, JOSE
123 PONCE DE LEON ST., ROYAL PALM BEACH, FL 33411

10. Name and Address of New Registered Agent

81. Name **CYRO CHEMALE BARCELLOS**
82. Street Address (P.O. Box Number is Not Acceptable) **419 49th Street**
83. City **West Palm Beach FL** 85. Zip **33404**

11. By signing this report, the officer or director of the corporation certifies that the above named corporation is in good standing, the statement for the purpose of changing agent is approved, and the agent is familiar with and accepts the duties of a registered agent under the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	☐ OFFICER ☒ DIRECTOR
2. NAME	PRESIDENT
3. STREET ADDRESS	BARCELLOS, CYRO CHEMALE
4. CITY & STATE	419 49th Street
5. ZIP	West Palm Beach, FL 33404
6. TITLE	☐ OFFICER ☒ DIRECTOR
7. NAME	PRESIDENT
8. STREET ADDRESS	WASCHMENTO, JOSE
9. CITY & STATE	123 PONCE DE LEON STREET
10. ZIP	ROYAL PALM BEACH, FL 33411
11. TITLE	☐ OFFICER ☐ DIRECTOR
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. ZIP	
16. TITLE	☐ OFFICER ☐ DIRECTOR
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. TITLE	☐ OFFICER ☐ DIRECTOR
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ OFFICER ☐ DIRECTOR
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. ZIP	
6. TITLE	☐ OFFICER ☐ DIRECTOR
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. ZIP	
11. TITLE	☐ OFFICER ☐ DIRECTOR
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. ZIP	
16. TITLE	☐ OFFICER ☐ DIRECTOR
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 954-714-9011

CR2E034 (3/96)