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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000036470 (8)

1. Corporation Name  
DOLPHIN EXPRESSWAY SERVICE STATION CORP.

Principal Place of Business

1055 NW 27TH AVENUE  
MIAMI FL 33155

Mailing Address

1055 NW 27TH AVENUE  
MIAMI FL 33125-3018



3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0686142

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

9. Name and Address of Current Registered Agent

DURAN, ALFREDO G  
2655 SO BAYSHORE DRIVE STE 1100  
MIAMI FL 33133

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 of person filing this report is required if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME: AZNAREZ, ALEXANDER  
STREET ADDRESS: 6321 SW 109TH AVENUE  
CITY - ST - ZIP: MIAMI FL 33173

TITLE D ☐ DELETE

NAME: SALAME, ALFREDO  
STREET ADDRESS: 9725 NW 52ND ST APT. 114  
CITY - ST - ZIP: MIAMI FL 33178

TITLE D ☐ DELETE

NAME: SALAME, ANTONIETA  
STREET ADDRESS: 9725 NW 52D STREET APT. 404  
CITY - ST - ZIP: MIAMI FL 33178

TITLE D ☒ DELETE

NAME: ~~QUINTERO, JAMES~~  
STREET ADDRESS: ~~8801 COLLINS AVENUE APT 18 J~~  
CITY - ST - ZIP: ~~MIAMI BEACH FL 33154~~

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 do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)