

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

FILED
May 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000057012 (2)
 1. Corporation Name
SUPER STOP #207, INC.



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| Principal Place of Business 1850 W OAKLAND PK BLVD OAKLAND PARK FL 33311 US | Mailing Address 1850 W OAKLAND PK BLVD OAKLAND PARK FL 33311 US |
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DO NOT WRITE IN THIS SPACE

| | | | | |
|---------------------------------------|-------------------------------|---|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 07/02/1996 | 4. FEI Number 65-0679851 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23 Zip | 28 Zip | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 24 Country | 29 Country | | | |

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| 9. Name and Address of Current Registered Agent EVARISTO, JOSEPH T. 3800 GALT OCEAN DR., #1608 FORT LAUDERDALE FL 33308 | 10. Name and Address of New Registered Agent 81 Name XABIER DE ZABALA 82 Street Address (P.O. Box Number is Not Acceptable) 13020 NW FIRST STREET 83 84 City PLANTATION FL 85 Zip Code 33325 |
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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: *Xabier de Zabala* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVARISTO, MICHAEL | 1.2 NAME | XABIER DE ZABALA |
| STREET ADDRESS | 1155 HILLSBORO MILE #306 | 1.3 STREET ADDRESS | 13020 NW FIRST ST. |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 | 1.4 CITY-ST-ZIP | PLANTATION, FL 33325 |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVARISTO, JOSEPH | 2.2 NAME | JON-PAUL ZABALA |
| STREET ADDRESS | 3800 GALT OCEAN DR., #1608 | 2.3 STREET ADDRESS | 13020 NW FIRST ST. |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | 2.4 CITY-ST-ZIP | PLANTATION, FL 33325 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY-TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | BARBARA ZABALA |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 13020 NW FIRST ST. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | PLANTATION, FL 33325 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET 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 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 in an attachment with an address.

SIGNATURE: *Xabier de Zabala* XABIER DE ZABALA 4/25/98

CR2E034 (10/97)