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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

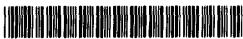
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000062135 (4)

57TH SERVICE STATION, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 200 NW 2001 CERTS							
3253 N.W. 30TH STREET 3253 N.W. 30TH STREET MIAMI FL 33142 MIAMI FL 33142-6311							
ļ				•	3. Date Incorporated or Qualified 07/25/1996	Sa. Date of La	st Report
2. Principal Place of Business 2n. Mailing Address					4. FEI Number 65-0696578		
<u></u>		Suite Apt # etc	Suite, Apt. #, etc.			SQ 75 Additional	
27		├ ──			5. Certificate of Status Desired		e Required
City & Sta	nte	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<i>Ζ</i> φ	Country	Zip	Cou	ntry	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·	
24	25 29 3		30		Florida Statutes Yes No		
	9, Name and Address of Curr	ent Registered Agent		471	10. Name and Address of New Re	gistered Agent	
	SSARIELLO, JOSE			81 Name			
	53 N.W. 30TH STREET Ami Fl 33142		82 Street Ad		ddress (P.O. Box Number is Not Acceptal	ole)	
	, / 2 00 / /		į	83			<u> </u>
				84 City		FL 85	Zip Code
11 Pursuan	I to the ruovisions of Sections 607.0	502 and 607 1508. Florida 5	Statutes the at	nove-named o	corporation submits this statement for the		na its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change.	was authorized	by the corpo	pration's board of directors. I hereby acce	pt the appointmen	t as registered
SIGNATURE	•						
10	Signature, typed or punted name of registered	agent and title if applicable NDD DIRECTORS		Agent signature n	equired when reinstailing) ADDITIONS/CHANGES TO OFFI	DATE	TORC IN 40
12.	D OFFICERS A	DELET	13. E 1,1 TII	LF T	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME	PASSARIELLO, JOSE		1.2 NA				
STREET ADDRESS			1.3 \$1	REET ADDRESS			
City - ST- 7(P	MIAMI FL			TY-ST-ZIP			
TITLE		☐ DELET				Char	nge 🛄 Addition
NAME 030143 4000100			2.2 N/				
STREET ADDRESS CITY: ST-ZIP				REET ADDRESS TY-ST-ZIP			
TILE		DELET			- 1	Char	nge Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CHY-\$1-2IP		1 0		TY-ST-ZIP			- A destina
NAME		☐ DELET	E 4.1 111 4.2 N	1		Char	nge L. Addition
STHEET ADDRESS				HEET ADDRESS			
CITY-ST-ZIP	, l			TY+ST-ZIP			
TITLE		DELET				☐ Char	nge Addition
NAME			5.2 N/	ME)			
STHEET ADDRESS	; [5.3 \$1	REET ADDRESS	•		
C-TY-ST-ZIP				TY-ST-ZIP			
THILE		☐ DELET		l		Char	nge Addition
NAME			6.2 N/	1			
STREET ADDRESS	· (•	REET ADDRESS			
City-St-Zir			6.4 CF	TY-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)(!). 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

264-4558

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