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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094585 (2) 1. Corporation Name

57 CITGO CORPORATION Principal Place of Business Mailing Address 56% W FLAGLER STREET 5695 W FLAGLER STREET MIAMI FL 33134-1072 MIAMI FL 33134 3. Date Incorporated or Qualified 3a, Date of Last Report 11/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FELNumber Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No Zφ Country 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELGADO, JORGE L **5695 W FLAGLER STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 84 City 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. Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition 1.1 TITLE TITLE DELGADO, JORGE L NAME 1.2 NAME 5695 W FLAGLER STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33134** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NUNEZ, NESTOR 2.2 NAME 5695 W FLAGLER STREET 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33134** 2.4 CITY-ST-ZIP CHTY - ST- ZIP THUE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST- 2IF DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 if changed, or on an attachment with an address.

TEO NAME OF SIGNING OFFICER OR DIRECTOR