

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90097 020 \*\*\*150.00

DOCUMENT # P97000007528

1. Corporation Name  
ULTRAMAR EXPORTING INC.



Principal Place of Business  
27- ESSEX-AVE.  
HIALEAH-FL-33010

Mailing Address  
27-ESSEX-AVE.  
HIALEAH-FL-33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0737446

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9984 NW 127 STREET.

2a. Mailing Address

26 9984 NW 127 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH GARDENS, FL.

City & State

28 HIALEAH GARDENS, FL.

Zip

24 33018

Country

25 U.S.A.

Zip

29 33018

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ESPINOSA, SEGUNDO E  
27 ESSEX AVE.  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

ESPINOSA, SEGUNDO E.

82 Street Address (P.O. Box Number is Not Acceptable)

9984 NW 127 STREET

83

84 City

HIALEAH GARDENS, FL

85 Zip Code

33018

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME ESPINOSA, SEGUNDO E  
STREET ADDRESS 27 ESSEX AVE.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE DV ☐ DELETE  
NAME ESPINOSA, EDMAR  
STREET ADDRESS 27 ESSEX AVE.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(305) 591-7797

Daytime Phone #

CR2E034 (11/98)

0125511