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

**PROFIT CORPORATION** ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000062673 (3)

| COMM  | UNITY GAS & SHOP, IN   | C.                        |                            |   |                            |  |
|---|--|---------------------------|----------------------------|---|----------------------------|--|
| Principal Plac  | e of Business  | Mailing Address           |                            |   |                            | - 4 400 (100) the relief languation of the Court Court Court Court (100) of the Court (100)  |
| 1701 NW 54 ST 1701 NW 54 ST MIAMI FL 33142 MIAMI FL 33142 |  |                           |                            |   | DO NOT WRITE IN THIS SPACE |  |
|   |  |                           |                            |   |                            | 3. Date Incorporated or Qualified 07/21/1997   |
| 2. Principal Place of Business 2a. Mailii 26              |  | 2a. Mailing Address<br>26 |                            |   |                            | 4. FEI Number Applied For Not Applied For  |
| Suite, Apt. #, etc.                                       |  |                           |                            |   |                            | 5. Certificate of Status Desired  \$8.75 Additional  |
| 27   City & State   City & Sta                            |  |                           |                            |   |                            | Fee Required  6. Election Campaign Financing  \$5.00 May Be  |
| 23  |  | 28                        |                            |   |                            | Trust Fund Contribution Added to Fees  |
| Zip<br>24   | Country Zip 25 29  |                           | 30                         | Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |                            |  |
|   | 9. Name and Address of Cu  | rrent Registered Agent    |                            |   | T                          | 10. Name and Address of New Registered Agent   |
| MESA, JULIO   |  |                           |                            | B1  | Name                       |  |
| 1701 NW 54 ST<br>Miami FL 33142                           |  |                           |                            | 82  | Street Add                 | dress (P.O. Box Number is Not Acceptable)  |
| MIAMI FL 33142  |  |                           |                            | 83  |                            |  |
|   |  |                           |                            | 84  | City                       | 85 Zip Code  |
|   |  |                           |                            |   | ,                          | FL   T   T   |
| office or agent. I a                                      |  |                           |                            |   |                            | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |
| 12.   | Signature, typed or printed name of registered agent and Mile 4 applicable (NOTE RE<br>OF FICERS AND DIRECTORS |                           |                            | Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                            |  |
| TITLE   | D  | DELETE                    |                            | TITLE   |                            | ☐ Change ☐ Addition  |
| NAME  | ATRA ANALYSIA OT   |                           | 1.21                       | 1.2 NAME  |                            |  |
| STREET ADDRESS  | MINN M AAAA  |                           |                            | 1.3 STREET ADDRESS  |                            |  |
| CITY-ST-ZIP<br>TITLE                                      | MIAMI FL 33142   | DELETE                    | 1.4 CITY - 2.1 TITLE       |   | ST - ZIP                   | Change Addition  |
| NAME  | _  |                           | 4                          | NAME  |                            |  |
| STREET ADORESS  |  |                           |                            |   | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                           | 2. 4 CITY -                |   | ST-ZIP                     |  |
| TITLE   |  | DELETE                    | 3.11                       | TITLE   |                            | ☐ Change ☐ Addition  |
| NAME  |  |                           |                            | NAME  |                            |  |
| STREET ADDRESS  |  |                           |                            |   | ADDRESS                    |  |
| CITY-ST-ZIP<br>TITLE                                      |  | DELETE                    | 3.4. CITY - 5<br>4.1 TITLE |   | SI-ZIP                     | ☐ Change ☐ Addition  |
| NAME  |  | _ bettie                  |                            | NAME  | 1                          | - Starge - Addition  |
| STREET ADDRESS  |  |                           | 1                          |   | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                           |                            | CITY-S  |                            |  |
| TITLE   | <del></del>  |                           |                            | 5.1 TITLE   |                            | Change Addition  |
| NAME  |  |                           | 5.21                       | NAME  |                            |  |
| STREET ADDRESS  |  |                           | 5.3 5                      | STREET  | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                           | 5.4 (                      | CITY-S  | T-ZIP                      |  |

14. I hereby certify that the information supplied with this ting 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 truston 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

4117188

DELETE