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

PROFIT **CORPORATION ANNUAL REPORT**

1998

CITY-ST-ZIP

CITY-ST-ZIP :

TITLE

NAME STREET ADDRESS



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064550 (1)

O.B. SERVICE STATION, INC.

Principal Place of Business Mailing Address 12004-OW-PATH TERMACE MIAMI FL 9318 ARI RE DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1201 N.W.7ct St. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SOLER. JORGE 12834 SW 74TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 6/7.0502 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 familial with and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent's gnature required when reinstaling) of registered agent and for all applicable TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE **SOLER, JORGE** 12 NAME NAME **12834 SW 74TH TERRACE** 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TIME TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 City - St - ZiP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

14. Thereby 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 change (), or on an attact priorit with an address. 11/20/01

Change

Addition

FILED

May 04 1998 8:00am

Secretary of State