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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000105993 (4)

A.A.A. MINI MARKET & GAS, INC.

Principal Place of Business

Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



1121 S.W. 32ND AVENUE 1121 S.W. 32ND AVENUE MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIVERA, ABELARDO 1121 S.W. 32ND AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELET**É** TITLE 1.1 TITLE Change Addition RIVERA, ABELARDO NAME 1.2 NAME 1121 S.W. 32ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change ☐ Addition NAME 6.2 NAME 700002437077 STREET ADDRESS 6.3 STREET ADDRESS -02/23/98--01002--022 6.4 CITY-ST-ZIP

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Icd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information finental 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 erectiver or unstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or effective. 14. I hereby certify that the information supplindicated on this annual report or supple officer or director of the corporation or the