**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000044805

SOUTH FLORIDA TANK LINES CORP.

Mailing Address Principal Place of Business 1255 WEST 53RD STREET 1255 WEST 53RD STREET SUITE 318 SHITE 318 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 3. Date incorporated or Qualifed 05/18/1998 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business P.O.Box 832159 65-0836464 Not Applicable 11310\_5.W. 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State -\$5:00 May Be City & State-6: Election Campaign Financing Miami Added to Fees Trust Fund Contribution Manu 23 28 This corporation owes the current year Intangible Personal Property Tax. Zip Country Zip Country 33283 Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAZQUEZ AMADO VALDES, AMADO JR. Street Address (P.O. Box Number is Not Acceptable)
//3/0 5. W. 56 57. 82 1255 WEST 53RD STREET SUITE 318-83 HIALEAH FL 33012 Zip Code 33/65 84 City Miamu

FILED Feb 24, 1999 8:00 am Secretary of State

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|   |                        |                    | MITATIO        |            | 2102          |
|---|------------------------|--------------------|----------------|------------|---------------|
| 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 Streature, typed or popled name of registered agent and title if applicable (NOTE; Registered Agent signature (equired when reinstating)  DATE  |                        |                    |                |            |               |
| Signature, typed or printed name or registrated spent and one in approxime (INCLE Tragatance Spent and one in approxime Spent and one in approxime Spent and one in approximent Spent and one |                        |                    |                |            |               |
| 12.   | OFFICERS AND DIRECTORS | 13.                |                |            |               |
| TITLE   | PTD DELETE             | 1.1 TITLE          | PTD Amo        | ☐ Change   | ☐ Addition    |
| NAME  | VAZQUEZ, AMADO JR.     | 1.2 NAME           | VAZQUEZ Hma    |            |               |
| STREET ADDRESS  | 1255 WEST 53RD STREET  | 1.3 STREET ADDRESS | 11310 5. 4. 56 | 5/.        | }             |
| CITY-ST-ZIP   | HIALEAH FL 33012       | 1.4 CITY-ST-ZiP    | Miami +1. 33   | 3165       |               |
| TITLE   | VSD □ DELETE           | 2.1 TITLE          | VS D           | ☐ Change   | ☐ Addition    |
| NAME  | VAZQUEZ, AMADO         | 2.2 NAME           | VAZQUEZ AM     |            |               |
| STREET ADDRESS  | 1255 WEST 53RD STREET  | 2.3 STREET ADDRESS | 6831 5.W. 63   |            | j             |
| CITY-ST-ZIP   | HIALEAH FL 33012       | 2.4 CITY-ST-ZIP    | Miami 41. 33   | 3144       |               |
| TITLE   | ☐ DELETE               | 3.1 TITLE          | •              | Change     | Addition      |
| NAME  |                        | 3.2 NAME           |                |            | ł             |
| STREET ADDRESS  |                        | 3.3 STREET ADDRESS |                | •          | Į             |
| CITY-ST-ZIP   |                        | 3.4. CITY-ST-ZIP   | <u></u>        |            |               |
| TITLE   | □ DELETE               | 4.1 TITLE          |                | Change     | ☐ Addition    |
| NAME  |                        | 4.2 NAME           |                |            | ì             |
| STREET, ADDRESS   |                        | 4.3 STREET ADDRESS | }              |            | {             |
| CITY-ST-ZIP   |                        | 4.4 CITY-ST-ZIP    | <u> </u>       |            | Addition      |
| TITLE   | ☐ DELETE               | 5.1 TITLE          |                | . 🗀 Change | [] Addition [ |
| NAME ·  |                        | 5.2 NAME           |                | •          | ļ             |
| STREE*#ADDRESS  |                        | 5.3 STREET ADDRESS |                |            | Ì             |
| CITY-ST-ZIP   |                        | 5.4 CITY-ST-ZIP    |                |            |               |
| TITLE   | ☐ DELETE               | 6.1 TITLE          |                | ☐ Change   | ☐ Addition    |
| NAME  |                        | 62 NAME            |                |            | ļ             |
| STREET ADDRESS  |                        | 6.3 STREET ADDRESS |                |            | Í             |
| CITY-ST-ZIP   |                        | 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 fue 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 received 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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

□No