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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000065660**

1. Corporation Name

EXPRESS LUBE INC.

	, , , , , , , , , , , , , , , , , , ,						
Principal Place	e of Business	Mailing Address					
600 PALM AVENUE SUITE A		600 PALM AVENUE SUITE A					
HIALEAH FL 33	010	HIALEAH FL 33010		DC	NOT WRITE IN THIS	SPACE	
				3. Date Incorporated		STACE	
	•			07/24/1998	or Quarred		
2 Principal P	lace of Business	2a, Mailing Address	 	4. FEI Number		X Ap	plied For
21	idoo of Edokiooo	26				-	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	.,	27		5. Certifcate of Status	Desired []	Fee Re	equired
-City:& State	0-11-7	City & State		6. Election Campaign	Financing -	\$5:00	May Be
23		28		Trust Fund Contrib	- I I	Added t	•
Zip	Country	Zip	Country	8. This corporation ov	es the current year Ir	tangible	
24	25	29	30	Personal Property		Yes	□No
	9. Name and Address of Curren			10. Name and Addres	s of New Registered	l Agent	
	A 850 - 501 D.		81 Name	ANTONIO GES	TIDA 10		
	ARTE, FELIX			ddress (P.O. Box Number is			
	SOUTH BISCAYNE BLVD 20TH F	FLOOR	OZ Slibel A	GOO PALM AL	1. , STE . ,	Δ	
MAIM	MI FL 33131		83		1		
			84 City	2000	FI	85 Zip (Code
•				IALEAH		_ 5 ~	SOLD
		0 1 007 4500 Florida District	HTI	annosation submits this states			
11. Pursuant	to the provisions of Sections 607,050;	2 and 607.1508, Florida Statute of Florida, Such change was au	es, the above-named couthorized by the corpora	orporation submits this staten ration's board of directors. I he			
11. Pursuant office or ragent. I a	to the provisions of Sections 607/050; registered agent, or both in the State am familiar with and accept the obliga-	2 and 607.1508, Florida Statute of Florida, Such change was au dope of, Section 607.0505, Flor	es, the above-named countries by the corporate Statutes.	orporation submits this staten ration's board of directors. I he			
11. Pursuant office or ragent. I a	to the provisions of Sections 607/050; registered agent, or both, in the State, am familiar with and accept the obliga-		es, the above-named couthorized by the corporation Statutes.	orporation submits this staten ation's board of directors. I he			
SIGNATURE	Signature, typed or printed name of registaries along	nt and jied if applicable. (NOTE:	es, the above-named or uthorized by the corpor- ida Statutes. Registered Agent signature req	orporation submits this staten ation's board of directors. I he uniform the property of the control of the cont	nent for the purpose of ereby accept the appo	f changing its intrment as read $3/26/6$	registered gistered
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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 of supplier and 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 trastee 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

SIGNAIURE LEQUILLE: 1) MAG

3/26/9

(305) 117-2402 Daytime Phone #