FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-5955

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25072** **(7)**

1. Corporate Name
OCA SERVICE STATION, INC.

Principal Place of Business	Mailing Address
243 NE 160TH ST N MIAMI BCH. FL 33162	243 NE 160TH ST. N MIAMI BCH. FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1991**	3a. Date of Last Report: **04/21/1994**
4. FEI Number: **65-0241137**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation was originally incorporated under S. 199.035, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business (21) — State, Apt. # etc. (22) — City, & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — State, Apt. # etc. (27) — City, & State (28) — Zip (29) — County (30)

9. Name and Address of Current Registered Agent

DURDEN, CECIL
243 NE 160TH ST.
N MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	GUERRA, OSCAR	NAME	
STREET ADDRESS	12520 N MIAMI AVE.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	CITY-ST-ZIP	
TITLE	DTS	TITLE	☐ Change ☐ Addition
NAME	VILLEDA, ALVARO	NAME	
STREET ADDRESS	12520 N MIAMI AVE.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	CITY-ST-ZIP	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	DURDEN, CECIL	NAME	
STREET ADDRESS	243 NE 160TH ST.	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment is true and correct 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 1, 9 or Block 12 with an address.

SIGNATURE: Cecil Durden 4/27/95 (305) 945-1301
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174037 CP