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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90029 049 ***150.00

EAGLE #	# 2, CORP. GAS STATION						
Principal Place	e of Business	Mailing Address			-	DARE BIRNI AFAIT AIRSI AI	IMIT ASDEL BIRST FRAN
•		2522 NE 2ND AVE					
2522 N.E. 2ND AVENUE MIAMI FL 33137		MIAMI FL 33137					
US		US		DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed		ļ
	· · ·				03/26/1991		
		2a. Mailing Address		4. FEI Number		Applied For	
21		26			65-0251289	49.7	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
	e - company of the company of the	City & State		V. 2. J.	6Election Campaign Financing_		00 May Be_
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes the curren		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent	04	T 100-	10. Name and Address of New Reg	gistered Agent	
DEV	. ODED		81	Name		**	
	es, obed 2 n.e. 2nd ave.		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)	
l	MI FL 33137		83	 		<u>.</u>	
		•	. [
			84	City		FL 85 Z	Zip Code
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Fiorida, Such change was auf	tnorizea ov	the corporation	poration submits this statement for the puon's board of directors. I hereby accept to	urpose of changing the appointment as	its registered s registered
agent. I a	•			5.			
agent. I a	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: f	Registered Age	5.	id when reinstating)	DATE CERS AND DIREC	TOPS IN 12
agent. I all SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Age	5.	id when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	
agent. I all SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: f	Registered Age 13.	5.			
agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD REYES, OBED	t and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require		CERS AND DIREC	
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NA WANTERE REDBENEREY AS NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 Date

305)573-4844 Daytime Phone #

P2F034 (11/08