

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:07

DOCUMENT # **192182** (4)
1. Corporation Name
NATIONAL BRANDS TIRE CO., INC.

Principal Place of Business Mailing Address
% NESTOR MORALES
2450 SW 137TH AVE. S-221
MIAMI FL 33175
C/O ANA-MARTIN-LAVIELLE-ESQUIRE
2450 SW 137TH AVE. S-221
MIAMI-FL-33175--
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1956** 3a. Date of Last Report **11/07/1994**
4. FEI Number **59-0769150** 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **21** 26 **c/o Marcia B. Caballero**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2450 SW 137 Avenue, #221**
City & State City & State
23 **Miami, FL**
Zip Country Zip Country
24 **33175** 29 **USA** 30

9. Name and Address of Current Registered Agent
MARTIN-LAVIELLE, ANA
2450 S.W. 137 AVE. STE.221
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name **MARCIA B. CABALLERO**
82 Street Address (P.O. Box Number is Not Acceptable)
2450 Southwest 137th Avenue
83 **Suite 221**
84 City **Miami** 85 **FL** Zip Code **33175**

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 provisions of, Section 607.1505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/13/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIGGINBOTHAM, D W
STREET ADDRESS	2340 N.W. 23RD ST.
CITY- ST- ZIP	MIAMI FL
TITLE	VS
NAME	HIGGINBOTHAM, KATHLEEN
STREET ADDRESS	2340 N.W. 23RD ST.
CITY- ST- ZIP	MIAMI FL
TITLE	T
NAME	HIGGINBOTHAM, D.W.
STREET ADDRESS	2340 N.W. 23RD ST.
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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)(k), 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 my address.

SIGNATURE: *[Signature]* PRES. **17 FEB 95** 305-635-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D.W. HIGGINBOTHAM