

Amended
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 58580

1. Entity Name
Map International Tires, Corp.

Principal Place of Business Mailing Address
**172 West 29th Street
 Hialeah, FL 33012-5704**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
00 NOV -3 PM 2:57

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **592835859** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Miguel A. Peguero
 401 La Villa Drive
 Miami Springs, FL 33166**

7. Name and Address of New Registered Agent
 Name **Jose Diogenis Zorrilla**
 Street Address (P.O. Box Number is Not Acceptable) **4990 Sabal Palm Blvd., #106**
 City **Tamarac**
 State **FL** Zip **33319-0000**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Jose D. Zorrilla* DATE **10-30-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Miguel A. Peguero	
STREET ADDRESS	401 La Villa Drive	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	S, T	<input checked="" type="checkbox"/> Delete
NAME	Elisa Peguero	
STREET ADDRESS	401 La Villa Drive	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Diogenis Zorrilla	
STREET ADDRESS	4990 Sabal Palm Blvd., #106	
CITY-ST-ZIP	Tamarac, FL 33319-0000	
TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertha Colina	
STREET ADDRESS	4990 Sabal Palm Blvd., # 106	
CITY-ST-ZIP	Tamarac, FL 3319-0000	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose D. Zorrilla* DATE: **10-30-00** (305) 885-0300
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)