

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000041157 (7)**

1. Corporation Name
ACME TIRE CORP



Principal Place of Business Mailing Address
~~1~~ DANIEL GINSBERG
5975 N.W. 82 AVENUE
MIAMI FL 33166

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 County 30 County

3. Date Incorporated or Qualified **06/11/1993** 3a. Date of Last Report **04/18/1995**
4. FEI Number **65-0409995** 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. The corporation has liability for intangible tax under s. 193.032 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**GINSBERG, DANIEL
5975 N.W. 82 AVENUE
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **Richard Ginsberg**
82 Street Address (P.O. Box Number is Not Acceptable) **5975 NW 82 Av**
83
84 City **Miami** FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0302 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, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the duties of, the registered office and agent as provided in Sections 607.0302 and 607.1508, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	D/S	<input type="checkbox"/> DELETE
NAME	GINSBERG, ALAN	
STREET ADDRESS	5975 N.W. 82 AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Richard Ginsberg	
2. STREET ADDRESS	5975 NW 82 Av	
2. CITY, ST, ZIP	MIAMI FL 33166	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is entirely finished 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, or the officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, I am certifying that I am the person whose name appears in the address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD GINSBERG

P-1696

CR2E034 (12/95)