

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED Feb 12 1997 8:00am Secretary of State

DOCUMENT # P95000022179 (2)

1. Corporation Name UNION TIRE CORP.

Principal Place of Business 9001 N.W. 97TH TERRACE BAY NO. 8 MEDLEY FL 33178

Mailing Address 9001 N.W. 97TH TERRACE BAY NO. 8 MEDLEY FL 33178-1460



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZAMORA, ENRIQUE ESQ 901 PONCE DE LEON BLVD. SUITE 502 CORAL GABLES FL 33134

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent is valid if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE D RODRIGUEZ, CARLOS 9001 N.W. 97TH TERRACE, BAY NO. 8 MEDLEY FL 33178

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY-ST-ZIP [] Change [] Addition

2.1 TITLE [] Change [] Addition

2.2 NAME [] Change [] Addition

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-ST-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

14. I do 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 in an attachment with an address.

SIGNATURE

Signature of registered agent

5000002086305 -02/13/97-01007-051 ***165.00

2/14/97 6201985-4499

CR2E034 (9/96)