

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045174 (6)
 1. Corporation Name
EXCLUSIVE TIRES SALES AND SERVICE, INC.



Principal Place of Business 8800 N W RIVER DRIVE SUITE 223 MEDLEY FL 33166 US	Mailing Address 8800 NW RIVER DRIVE SUITE 223 MEDLEY FL 33166 US
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2. Principal Place of Business 21 8316 N.W. 74 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last Report 06/14/1996
22 City & State 23 Medley, Fl. 33166	27 City & State Same	4. FEI Number 65-0587796	Applied For Not Applicable
24 Zip 33166	25 Country U.S.	29 Zip 33166	30 Country U.S.
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DOMINGUEZ, LILIAN C 19930 N.W. 88TH CT. MIAMI FL 33015		10. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, LILIAN C	1.2 NAME	
STREET ADDRESS	19930 N.W. 88TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANCORBO, FRANCISCO	2.2 NAME	
STREET ADDRESS	3270 N.W. 18TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Lilian C. Dominguez* **4/28/97**

CR2E034 (9/96)