

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

APPROVED

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 APR 21 AM 9:07

DOCUMENT # **V52634** (5)

1. Corporation Name  
**THE WHEEL PEOPLE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8404 N.W. 68TH STREET  
MIAMI FL 33166**

Mailing Address  
**8433 NW 68 ST  
MIAMI FL 33166  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/23/1992**

3a. Date of Last Report  
**04/21/1994**

4. FCI Number  
**65-0348100**

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 report is filed under Florida Statutes  Yes  No

21. Principal Place of Business

26. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. Country

29. City & State

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**U.C.C. FILING & SEARCH SERVICES INC.  
526 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE FL 32301**

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 and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **SUAREZ, MANUEL ANTONIO**  
STREET ADDRESS **8404 N.W. 68TH STREET**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VD**  
NAME **LEON, JOSE A.**  
STREET ADDRESS **8404 N.W. 68TH STREET**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **SD**  
NAME **GONCALVEZ, ORLANDO**  
STREET ADDRESS **8404 N.W. 68TH STREET**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **TD**  
NAME **HERNANDEZ, ALVARO**  
STREET ADDRESS **8404 N.W. 68TH STREET**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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 110.07(3)(b), 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 as changed, prior to attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-95

Date

Daytime Phone #