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

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

| FILED              |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| May 01 1998 8:00am |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |  |  |

| 1998                       |   |                                      | DIVISION OF CORPORATIONS       |                        |                  |  |                          | ~ ************************************* |               |
|----------------------------|---|--------------------------------------|--------------------------------|------------------------|------------------|--|--------------------------|---|---------------|
| 1                          | MENT # 3<br>NAME<br>NAGUE TIRE INC                | 39934                                | (2)                            |                        |                  |  |                          |   |               |
|                            |   |                                      |                                |                        |                  |  |                          |   |               |
| Principal Plac             | e of Business                                     | Maiti                                | ng Address                     |                        |                  | ·  | i di aya bibat atany afi | ila Brail Cabri 4664                    |               |
| 3780 N W 54<br>MIAMI FL 33 | · · · · ·   |                                      | D N.W. 54TH ST.<br>MI FL 33142 |                        |                  |  |                          |   |               |
| US US                      | 146   | US<br>US                             | MI FE 33142                    |                        |                  | DO NOT WRITE   | IN THIS SPACE            |   |               |
|                            |   |                                      |                                |                        |                  | 3. Date Incorporated or Qualified  |                          |   | 7             |
| 6 Principal P              | Place of Business                                 | 20.10                                | lailing Address                |                        |                  | 01/08/1969<br>4. FEI Number  | <del></del>              | Applied For                             | 4             |
| 21                         | IBOS OF DUSINOSS                                  | 26                                   | idiing Address                 |                        |                  | 59-1236721   | <u> </u>                 | Not Applicable                          | 1             |
| Suite, Apt.                | #, etc.   |                                      | uile, Apt. #, etc.             |                        |                  | Certificate of Status Desired  | □ \$8.                   | 75 Additional                           | 1             |
| 22                         |   | 27                                   |                                |                        |                  | 5. Certificate of Status Desired   | Fe                       | e Required                              | 1             |
| City & Stat                | le  | ├-~¬                                 | ity & State                    |                        |                  | 6. Election Campaign Financing   | \$5                      | .00 May Be                              |               |
| Zip                        | Countr  | 28 Z                                 | ıp                             | Country                |                  | Trust Fund Contribution  8. This corporation owes or has pai   |                          | Ided to Fees                            | $\frac{1}{2}$ |
| 24                         | 25  | 29                                   | · F*                           | 30                     |                  | Personal Property Tax due June   |                          | ar intaligible                          | ı             |
| -31                        |   | ess of Current Register              | ed Agent                       | 1901                   |                  | 10. Name and Address of New Reg  |                          |   | 1             |
| RIS                        | SHMAGUE, EDITH-RIS                                | SHMAGU                               |                                | 81                     | Name             |  |                          |   | 1             |
| 3760 N W 54TH ST           |   |                                      |                                |                        | Street Ad        | Idress (P.O. Box Number is Not Acceptable  | e)                       |   | 1             |
|                            | 54 N.W. 54TH STREI                                | Ŧ                                    |                                | -                      |                  |  |                          |   | 4             |
| Mi                         | AMI FL 33142                                      |                                      |                                | 83                     |                  |  |                          |   | ļ             |
|                            |   |                                      |                                | 84                     | City             |  | FL 85                    | Zip Code                                | 1             |
| 11. Pursuant               | to the provisions of Sec                          | tions 607 0502 and 607               | 1508. Florida Statut           | es the above           | -named co        | orporation submits this statement for the pu   | rpose of chang           | ing its registered                      | 1             |
| office or r                | registered agent, or bottom temiliar with and acc | n, in the State of Florida           | Such change was                | authorized by          | the corpor       | ration's board of directors. I hereby accep  | the appointmen           | nt as registered                        |               |
| SIGNATURE                  | an amai win, and acc                              | sept the obligations of e            | ection 507.0305, 17            | onda olaloles          | •                |  |                          |   |               |
|                            |   | e of registered Agent and title if a |                                |                        | nt signature req | oured when reinstating)  | DATE                     |   | 16            |
| 12.                        | . <b>CD</b>                                       | OFFICERS AND DIRECTO                 | ORS DELETE                     | 13.                    | т                | ADDITIONS/CHANGES TO OFFICE  | ERS AND DIREC            |   | 10/01         |
| TITLE<br>NAME              | RISHMAGUE, OD                                     | DE                                   | ☐ OELETE                       | 1.1 TITLE<br>1.2 NAME  | 1                |  | ليا لااه                 | ikÎe □ Moditioii                        |               |
| STREET ADDRESS             | 3760 N W 54TH                                     |                                      |                                | 1.3 STREET             | ADDRESS          |  |                          |   | ROFOR         |
| CITY-ST-ZIP                | MIAMI FL  | ••                                   |                                | 1.4 CITY - S           | - 1              |  |                          |   | l S           |
| TITLE                      | PD  |                                      | DELETE                         | 2.1 TITLE              |                  |  | Cha                      | ange Addition                           | 10            |
| NAME                       | RISHMAGUE, MIC                                    |                                      |                                | 2.2 NAME               |                  |  |                          |   | ļ             |
| STREET ADDRESS             | 3760 N W 54TH                                     | SI                                   |                                | 2.3 STREET             |                  |  |                          |   | 1             |
| CITY-ST-ZIP                | MIAMI FL<br>TD                                    |                                      | DELETE                         | 2. 4 CITY - S          | 1 - ZIP          |  | Cha                      | ange Addition                           | 4             |
| TITLE<br>NAME              | RISHMAGUE, EDI                                    | TH                                   | □ outtie                       | 3.1 TITLE<br>3.2 NAME  | 1                |  | الله لي                  | uðo Til vonnoll                         |               |
| STREET ADDRESS             | 3760 N W 54TH                                     |                                      |                                | 3.3 STREET             | ADDRESS          |  |                          |   | 1             |
| CITY-ST-ZIP                | MIAMI FL  |                                      |                                | 3.4. CITY - S          |                  |  |                          |   | ĺ             |
| TITLE                      | S   |                                      | DELETE                         | 4.1 TITLE              |                  |  | Cha                      | inge Addition                           | 1             |
| NAME                       | TISHMAGUE, SAN                                    |                                      |                                | 4. 2 NAME              |                  |  |                          |   |               |
| STREET ADDRESS             | 3760 N W 54TH :                                   | ST                                   |                                | 4.3 STREET             | ADDRESS          |  |                          |   | -             |
| CITY-ST-ZIP                | MIAMI FL  |                                      | Delete                         | 4.4 CITY-S             | r-ZIP            |  | T-1 01-                  | Taddistan                               | 4             |
| TITLE                      |   |                                      | DELETE                         | 5.1 TITLE              | }                |  | Cha                      | inge Addition                           | 1             |
| NAME<br>Street address     |   |                                      |                                | 5.2 NAME<br>5.3 STREET | ADDRESS          |  |                          |   |               |
| CITY-ST-ZIP                |   |                                      |                                | 5.4 CITY - S           | - 1              |  |                          |   |               |
| TITLE                      | <del> </del>                                      |                                      | DELETE                         | 6.1 TITLE              |                  | المناف ال | Cha                      | inge Addition                           | 1             |
| NAME                       |   |                                      |                                | 6.2 NAME               | .                | 80000250<br>-05/01/020107  | 2 T 24                   | ١.                                      | 1             |
| STREET ADDRESS             |   |                                      |                                | 6.3 STREET             | address          | 80000250:<br>-05/01/980107<br>***150.00  | 201b 8                   | [1                                      |               |
| CITY-ST-ZIP                |   |                                      |                                | 6.4 CITY - S           |                  |  |                          | National Information                    | 4             |
| 14. I nereby (             | certify that the information                      | in supplied with this film           | y does not quality f           | or trie exempt         | ion stated i     | in Section 119.07(3)(i), Florida Statutes. I f   | urther certify the       | r the information                       | 1             |

Indicated on this annual report or supplemental annual report is true and adjurate 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 an or arrattachment with an address

3-09-98

305-633-7387