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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 406389 (7) BELLO'S TIRE CENTER, INC.									
Principal Place	Principal Place of Business Mailing Addre					—	ia k oloh oloh		
C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY. PO BOX 2715 PALM BEACH FL 33480		C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY. PO BOX 2715 PALM BEACH FL 33480				15. 5			
		- - -	-			3. Date Incorporated or Qualified 08/07/1972	3a. Date	of Last F /28/19	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
1]		26				59-1407597			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State				6. Election Campaign Financing			00 May Be
3]		28	28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes No			199.032,
4	25 9. Name and Address of Curre	[29] nt Registered Agent	30			Florida Statutes Yes 10. Name and Address of New F		nent .	·
	Q. ITMIND BITS FIRMINDS OF THE	it negletored rigotit		81	Name	IV. Hallie Blid Address of How I	egistered A	Sour	
MENDOZ	ZA, CALLAS & SCHILLING		ļ	82	Street Addr	ess (P.O. Box Number is Not Acceptab	40)		
	AL PALM WAY, SIXTH FLOOR				Olloot naga	855 (F.O. DOX HUITEOF IS THAT ACCOPTAGE	10)		
PALM BE	EACH FL 33480-1310		Ì	В3					
			ŀ	B4	City		FL	85 Z	Ip Code
familiar with SIGNATURE	o the provisions of Sections 607.050/ ed agent, or both, in the State of Flori th, and accept the obligations of, Sec Signature, typed or printed name of registered agen	tion 607.0505, Florida Statutes	ò.			ation submits this statement for the pur of of directors. I hereby accept the app		iging its egisteres	registered office d agent. I am
12.		It and the Happicable (NO ID DIRECTORS	13.	Agent s	Signature requires:	ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	DIRECTO	ORS IN 12
TOTALE	PD	☐ DELETE	1. 1 717	TLE				Change	Addition
NAME	BELLO, PEORO O.	· ·		MË					
STHEET ADDRESS	251 ROYAL PALM WAY		1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	PALM BEACH FL STV			[Y-\$[.	· ZIF	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	BELLO, ERNESTO J.			2 1 TITLE 2 2 NAME			L	i Gilange	☐ Addition
STHEET ADDRESS	251 ROYAL PALM WAY				DDRESS				
CITY-S1-ZIP	PALM BEACH FL		2 4 CIT						
TITLE	D			3 1 TITLE		·		Change	☐ Addition
NAME	BELLO, ERNESTO J.		32 NAM	ME					
STREET ADDRESS	251 ROYAL PALM WAY		33 ST	REET A	ADDRESS				
C-TY-ST-ZIP	PALM BEACH FL	F7 DELETE	3 4 CIT		· ZIP				noithe mi
T:TLE Norma		☐ DELETE	4. 1 TIT] Chang∈	☐ Add≀tion
NAME STREET ADDRESS			4.2 NAM		DORESS				
City - St - ZiP				MEE (AL IY-ST-					
TITLE		☐ DELETE	5 1 111					Change	Addition
NAME			5.2 NAM	ME					_
STREET ADORESS			53 STR	REET AC	DDRESS				
CITY ST-ZIP		54 C		Y-SI-	- ZIF				
Trite		☐ DELETE 6		1 TIFLE				Change	Addition
NAME			62 NAM						
STREET ADDRESS					DDRESS				
CHY-ST-ZIP	codify that the information supplied	r with this files is voluntarily form	64 CIT			or the exemption stated in Section 119.	O7/OVE) Flori	-lo Stat	4 1 further
certify that oath; that I	the information indicated on this anni	ual report or supplementa! anni oration or the receiver or truster	ual report is e empowere	s true	and accurat	te and that my signature shall have the s report as required by Chapter 607, Fk	same legal et	ffect as i	if made under

SIGNATURE: (X) SIGNATURE OF SIGNING OFFICER OR DIRECTOR

(x) 4-26-86 407/478-1411