

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **440407** (5)

1. Corporation Name
SUPER TIRE CORP.
*91 W. 29 ST
Hialeah, Fl. 33012*

Principal Place of Business Mailing Address
**301 W 26TH ST
HIALEAH FL 33010
US** **7100 N.W. 36 AVENUE
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
12/07/1973 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

4. FEI Number Applied For
59-1496747 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

7. This corporation has liability for intangible tax under S. 190.035, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, (EMILIO)
7100 NW 36 AVE
MIAMI FL 33147

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 the 4 applicable (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EMILIO	2. NAME	Rodriguez, Emilio	
STREET ADDRESS	7100 NW 36 AVE	3. STREET ADDRESS	91 W. 29 ST.	
CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	Hialeah, Fl. 33012	

TITLE	SD	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRACEDO, CARINA	2.2 NAME	CARRACEDO, CARINA	
STREET ADDRESS	7100 NW 36 AVE	2.3 STREET ADDRESS	91 W. 29 ST.	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	HIALEAH, FL. 33012	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, checked, or on an attachment with an address.

SIGNATURE: **4/27/95** **305-885-7393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area 1994)