

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

CORPORATION
ANNUAL REPORT



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

1996
DOCUMENT # **440407** (5)

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

Principal Place of Business Mailing Address
~~91 W. 29 ST.~~ ~~Hialeah, FL 33012~~
91 W. 29 ST.
Hialeah, FL 33012

[Handwritten signature]

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/07/1973	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1496747	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RODRIGUEZ, (EMILIO)		81 Name	
91 W. 29 ST.		82 Street Address (P.O. Box Number is Not Acceptable)	
Hialeah, FL 33012		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	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EMILIO	1.2 NAME	Rodriguez, Emilio
STREET ADDRESS	91 W. 29 ST.	1.3 STREET ADDRESS	91 W. 29 ST.
CITY - ST - ZIP	Hialeah, FL 33012	1.4 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	91 W. 29 ST.	2.3 STREET ADDRESS	91 W. 29 ST.
CITY - ST - ZIP	Hialeah, FL 33012	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	700001883647
STREET ADDRESS		5.3 STREET ADDRESS	-07/03/96--01070--004
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***225.00
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 119.07(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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: 6/20/96 Daytime Phone #: 305-885-7393