

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sinda B. Morthem
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DOCUMENT # F38975 (1)

1. Corporation Name
SOUTH AMERICAN TIRE CORPORATION

Principal Place of Business: **6220 N W 37 AVE MIAMI FL 33147**
 Mailing Address: **6220 N W 37 AVE MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1981	3a. Date of Last Report 03/28/1994
4. FEI Number 59-2125838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election (Solely Proprietor) <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for delinquency under s. 110.072, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent
VALDES, GLADYS
6220 N W 37 AVE
MIAMI, FL
33147

10. Name and Address of New Registered Agent
 81. Name **VALDES, JACQUELINE**
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. **6220 NW 37 Ave**
 84. City **MIAMI** FL 85. Zip Code **33147**

11. Pursuant to the provisions of Sections 607.0500 and 607.1509, 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 607.0705, Florida Statutes.

SIGNATURE: *Jacqueline Valdes* **JACQUELINE VALDES** 06-28-95
Signature of person or persons designated as registered agent and the date thereon. (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	VALDES, MARCELINO
STREET ADDRESS	6220 N W 37TH AVE
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	STD
NAME	VALDES, GLADYS
STREET ADDRESS	6220 N W 37TH AVE
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL INFORMATION CONCERNING THIS CORPORATION

1. TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	VALDES, JACQUELINE	
3. STREET ADDRESS	6220 NW 37 Ave	
4. CITY, ST, ZIP	MIAMI, FL 33147	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline Valdes* **JACQUELINE VALDES** 06-28-95 305-836-2362
Signature and typed or printed name of signing officer or director. (DATE)

CR2E034 (3-95)