**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Feb 25 1998 8:00am FLORIDA DEPÁRTMENT OF STATE CORPORATION ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G45132 TIRES AND AUTO PARTS DISCOUNT CENTER, INC. Principal Place of Business Mailing Address GIL NOBERTO GIL NOBERTO 810 W 37TH ST 810 WEST 37TH ST DO NOT WRITE IN THIS SPACE HALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 05/27/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2335653 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NORBERTO GIL, JR. 810 WEST 37 ST. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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** (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **OFFICERS AND DIRECTORS** 12. DELETE Addition TITLE 1.1 TITLE Change NORBERTO GIL, JR. 1.2 NAME NAME 810 WEST 37 ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL -1.4 City - ST- ZIP CITY - ST - ZIP Addition DELETE 21 TITLE Change TITLE NAME GIL, NOBERTO J 2.2 NAME 810 W. 37 ST. STREET ADDRESS 2.3STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2.4CITY-\$7-ZIP DELETE Change Addition 31TITLE 3.2NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 3.4. QITY - \$1 - ZIP DELETE Change ■ Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition

DELETE

NAME

STREET ADDRESS CRY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplier indicated on this annual reporter supplier officer or director of the corporation of the Block 12 or Block 13 if changed,

6 1 TITLE 6.2NAME

**6.3 STREET ADDRESS** 

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal 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 except or trusted empowered to execution is report as required by Chapter 607, Florida Statutes; and that myname appears in

17/19 2(301)642-9794