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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H19940

1, Corporation Name

MARTINO TIRE CO. OF MILLER SQUARE

| Principal Place of Business | | Mailing Address | | | | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------|---------------------|------------------------------------------------------------------------------------------------|----------------|-----------------|
| 13790 SW 56 ST MIAMI FL 33175 US | | 13155 SW 132 AVE MIAMI FL 33186 | | | | . = | |
| | | US | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | { |
| | | | | | 09/07/1984 | | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | _ | 4. FEI Number | <u> </u> | Applied For |
| 21 | | 26 | | | 59-2451746 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | , , , , , | Additional |
| 22 | | 27 | | | 5. Certificate of Statos Desired | Fee f | Required |
| City & State | е | City & State | | | 6. Election Campaign Financing | \$5.0 | 0 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added | d to Fees |
| Zip | Country | Zíp | Country | | a. This corporation owes the current y | ear Intangible | |
| 24 | 25 | 29 30 | วไ | | Personal Property Tax. | 🗆 Yes | □No |
| | g. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Regis | stered Agent | |
| | | | 81 | Name | | | ł |
| KUKER, HOWARD L. 508 DADELAND TOWERS NORTH | | | - | <u> </u> | (D.C. Barristania Mark Assessments) | | |
| | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| 9200 S. DADELAND BLVD. MIAMI FL 33156 | | | | 83 | | | |
| | | | | _ | | | |
| | 00.00 | | 84 | City | | FL 85 Zip | Code |
| | | | | L | | | ito societorod |
| office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auth | iorized by | the corporati | poration submits this statement for the purp tion's board of directors. I hereby accept the | appointment as | registered |
| SIGNATURE | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi | | | | nt signature requin | | DATE | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | P | DELETE 1. | | { | | ☐ Change | e 🗌 Addition |
| NAME | MARTINO, ANSELME | | 1.2 NAME | | | | |
| STREET ADDRESS | 13155 SW 132 AVE | E 13: | | TADDRESS | | | |
| CITY-ST-ZIP | IAMI FL | | 1,4 CITY-S | T-ZIP | • | | |
| TITLE | S | DELETE 2.11 | | | | Change | e Addition |
| NAME | MARTINO, SALOMON | | 2.2 NAME |] | | | |
| STREET ADDRESS | 13155 SW 132 AVE | 2.3 \$ | | T ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | | ST-ZIP | | | |
| TITLE | V | ☐ DELETE | 3,1 TITLE | | | Change | e Addition |
| NAME | MARTINO, EDWARD | | 3.2 NAME | } | | | İ |
| STREET ADDRESS | | | | TADDRESS) | | | |
| | MIAMI FL | | 3,4, CITY-5 | | | | |
| CITY-ST-ZIP | INICANI FL | ☐ DELETE | 4.1 TITLE | 31-435 | | ☐ Change | e Addition |
| DILE | | | 4.1 113 FC | ı | | و،سرو، | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

3-15-99

Change

☐ Change

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90088 001 *3,000.00

☐ Addition

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