

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H54214** (2)

1. Corporation Name  
**MERLIN TIRE & TUBE COMPANY, INC.**



Principal Place of Business  
**3380 NW 114TH ST  
MIAMI FL 33167**

Mailing Address  
**3380 NW 114TH ST  
MIAMI FL 33167**

3. Date Incorporated or Qualified <b>04/29/1985</b>	3a. Date of Last Report <b>05/31/1995</b>
4. FET Number <b>59-2540873</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	30 Country
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9. Name and Address of Current Registered Agent

**STONE, ROBERT  
3380 NW 114TH ST  
MIAMI FL 33167**

10. Name and Address of New Registered Agent

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 607.5008, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the incorporator)

Signature of Registered Agent (if registered agent is not the incorporator)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. NAME		3. STREET ADDRESS	
4. NAME		4. CITY - ST - ZIP	
5. NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. NAME		7. STREET ADDRESS	
8. NAME		8. CITY - ST - ZIP	
9. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. NAME		11. STREET ADDRESS	
12. NAME		12. CITY - ST - ZIP	
13. NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. NAME		15. STREET ADDRESS	
16. NAME		16. CITY - ST - ZIP	
17. NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. NAME		19. STREET ADDRESS	
20. NAME		20. 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 if the agent, or on an addition, with an address.

SIGNATURE: *Robert Stone* **ROBERT STONE** 04/8/96 305-685-0003

CR2E034 (12/95)