

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:21

DOCUMENT # K39185 (9)

1. Corporation Name

AMBER TIRE & AUTO CENTER CORP.

DO NOT WRITE IN THIS SPACE

|                                          |                     |                                                                                         |                                                          |                                   |                         |
|------------------------------------------|---------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------|-------------------------|
| Principal Place of Business              |                     | Mailing Address                                                                         |                                                          | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 4751 W. FLAGLER STREET<br>MIAMI FL 33134 |                     | 4751 W. FLAGLER STREET<br>MIAMI FL 33134                                                |                                                          | 10/17/1988                        | 01/19/1994              |
| 2. Principal Place of Business           | 2a. Mailing Address | 4. FEI Number                                                                           | Applied For                                              |                                   |                         |
| 21                                       | 26                  | 65-0076287                                                                              | Not Applicable                                           |                                   |                         |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                        | <input type="checkbox"/> \$8.75 Additional Fee Required  |                                   |                         |
| 22                                       | 27                  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |                                   |                         |
| City & State                             | City & State        | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                         |
| 23                                       | 28                  |                                                                                         |                                                          |                                   |                         |
| Zip                                      | Country             | 29                                                                                      | 30                                                       |                                   |                         |
| 24                                       | 25                  |                                                                                         |                                                          |                                   |                         |

## 9. Name and Address of Current Registered Agent

KONDALA, KHAJAPPEER  
4751 W. FLAGLER STREET  
MIAMI FL 33134

## 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 607.1508, 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

Signature of person named as registered agent and this if applicable

DATE Registered Agent signature required when mandated

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PST                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KONDALA, KHAJAPPEER  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 360 NE 161ST STREET  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | NORTH MIAMI BEACH FL | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | VO                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KONDALA, KHAJAPPEER  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 360 NE 161ST STREET  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | NORTH MIAMI BEACH FL | 2.4 CITY, ST, ZIP                                     |                                                                   |
| 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                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                      | 5.4 CITY, ST, ZIP                                     |                                                                   |
| 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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(1)(b), 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 this corporation or the person or persons 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.

SIGNATURE:

*[Signature]*  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 10 95  
Date

305.5920394  
Filing Fee