## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS : 96 JAN 23 AM 10: 05 K39185 DOCUMENT # (9)SECRETARY OF STATE TALLAHASSEE. FLORIDA AMBER TIRE & AUTO CENTER CORP. Principal Place of Business Mailing Address 4751 W. FLAGLER STREET 4751 W. FLAGLER STREET MIAMI FL 33134 MIAMI FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1988 01/17/1995 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. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KONDALA, KHAJAPEER 82 Street Address (P.O. Box Number is Not Acceptable) 4751 W. FLAGLER STREET MIAMI FL 33134 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505. Florida Statutes. preside SIGNATURE (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS (12/95 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TELE **PST** DELETE 1.1 TIB: F ☐ Change ☐ Addition NAME KONDALA, KHAJAPEER 1.2 NAME CR2E034 STREET ADDRESS. 360 NE 161ST STREET 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 1 4 CITY - ST - ZIP 10 to 6 □ DELETE 2. 1 TITLE 500001 707 3 450 NAME KONDALA, KHAJAPEER 2 2 NAME -02/06/96--01051--007 STREET ADDRESS 360 NE 161ST STREET 23 STREET ADDRESS \*\*\*\*200.00 \*\*\*\*200.00 SHY-S1-ZiP NORTH MIAMI BEACH FL 24 CITY-ST-ZIP THE [] DELETE 3 1 TITLE ☐ Change ☐ Addition NAMI 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 0114 - \$1 - 762 3.4 CITY- \$1-7IP 1111 DELETE 4 1 THUE Change ■ Addition NAME 4.2 NAME SEREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 C(TY - ST - Z(P TPUE DELETE 5 1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIE 5 4 CiTY-ST-ZIP HILE DELETE 6 1 TITLE Change ☐ Addition NAMi 62 NAME STHEET ANDRESS 63 STREET ADDRESS OIY St-Zie 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-12-96