

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

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90 MAY -1 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K66172 (3)

1. Corporation Name:

RADA TIRES & AUTO, CORP.

Principal Place of Business:

**2195 N.W. 20TH STREET
MIAMI FL 33142**

Mailing Address:

**2195 N.W. 20TH STREET
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0102598	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for franchise fee under S. 190.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite Apt. # etc.	27. Suite Apt. # etc.
23. City & State	28. City & State
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, RAMON, JR.
2945 S.W. 24 STREET
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.05(1), (2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the board of directors, Florida Statutes.

(SIGNATURE)

By _____, Secretary of State, Tallahassee, Florida

By _____, Registered Agent, Tallahassee, Florida

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)	
NAME	P. RODRIGUEZ, RAMON, JR. 2945 S.W. 24 STREET MIAMI FL	NAME	☐ Change ☐ Addition
STREET ADDRESS	S. RODRIGUEZ, RAMON 2945 S.W. 24 STREET MIAMI FL	STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is authorized to execute this statement and that the undersigned is familiar with and accepts the obligations of the board of directors, Florida Statutes.

SIGNATURE: *Ramon Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 227-2120