FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K66172

(3)

Mailing Address

RADA TIRES & AUTO, CORP.

2195 N.W. 20 Miami FL 331		2195 N.W. 20TH STREET MIAMI FL 33142	ī		DO NOT WRITE IN THE 3. Date Incorporated or Qualified 02/16/1989	3 SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0102598		ot Applicable
Suite, Apt.	#, 9 1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required
City & Stat	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Zip 29	Country 30		This corporation owes or has paid the or Personal Property Tax due June 30.		ntangible
	Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent	
29-MI/	DRIGUEZ, RAMON, JR. 45 S.W. 24 STREET AMI FL 33145 to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida, Such change was	83 84 tes, the above-	City	ress (P.O. Box Number is Not Acceptable) Fooration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing	o Code its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	ni and title if applicable (NO)	E Registered Agent	signature requir	red when reinstaling) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	RODRIGUEZ, RAMON, JR.		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	2945 S.W. 24 STREET MIAMI FL		1.3 STREET AL 1.4 CITY - ST -				
TITLE	S	DELETE	2.1 TITLE			Change	Addition
NAME	RODRIGUEZ, RAMON		2.2 NAME	ļ			
STREET ADDRESS	2945 S.W. 24 STREET		2.3 STREET A	DDRESS	I		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-	- ZIP	•		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET AL	DDRESS			
CITY ST. 710			2 A CITY CT				

14. Thereby 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 empoyaged 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 any attachment with an address.

41 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

DELETE

4-27-98

Change

Change

Change

___ Addition

___ Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State