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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K72542

SUPREME TIRES & ACCESSORIES, INC.

Principal Place	of Business	Mailing Address			1102:2011 611 14414 11401 51111 61514 1151		
3635 N.W. 7TH	and the second s	3635 N.W. 7TH ST.					
MIAMI FL 33125		MIAMI FL 33125		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	SFACE	
	· · · · · · · · · · · · · · · · · · ·	T = \$2.50 A 17.50			03/14/1989 4. FEI Number	ΤΙΔ	pplied For
2. Principal Place of Business		2a. Mailing Address			" .		ot Applicable
21		26		65-0118089			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
22		27 City & State					
City & State		City & State		- مدفودید، شب	6. Election Campaign Financing S5.00 May Be Added to Fees		
23	0	Zip	Cou	ntry	8. This corporation owes the current year Int		
Zip 	Country)	30	iu y	Personal Property Tax.	Yes	□No ·
24	25	Pagistered Agent	30		10. Name and Address of New Registered	Agent	-
	9. Name and Address of Current	Registered Agent		81 Name	10, (\alpha\)		
DED	EZ, ARMANDO						
	N.W. 7TH ST.	* ***		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AI FL 33125			83	TOP THE STATE OF STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 19 M. 1941
~ MIAN	MI I L 33 123				· 1. [16] · 1.	t , 261 2 d	
1				84 City	. Her yangsons in an takke bin ta	85 Zip	Code (***
<u> </u>	· ·				L	changing if	's registered
***** - 40	pointered agent or both in the State O	M Florida Such change was a	911111111111111111111111111111111111111	DV THE COLDUIAN	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flo	orida Stat	ites.			
SIGNATURE	•				DATE		
	Signature, typed or printed name of registered agent			Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	OFFICERS AND	DELETÉ	13.	ne		Change	
TITLE	PD		1.2 N		1 1 4 7 5 72 77 4 5 4 2		
NAME	PEREZ, ARMANDO				(1) "特殊權	-	,
STREET ADDRESS	9240 S.W. 88 TERR.				ar tyraw		,
CITY-ST-ZIP			1.3 \$1	REET ADDRESS	21 - 15 - 4 A	· .	,,
TITLE	MIAMI FL	. OF STE	1.3 ST	REET ADDRESS		□ Change	_
NAME	MIAMI FL	DELETE	1.3 ST 1.4 CI 2.1 TI	REET ADDRESS TY-ST-ZIP TLE		☐ Change	_
	MIAMI FL	DELETE	1.3 S ⁻ 1.4 Cl 2.1 Tl 2.2 N	REET ADDRESS IY-ST-ZIP ILE		☐ Change	_
STREET ADDRESS	MIAMI FL	DELETE	1.3 S ⁻ 1.4 Cl 2.1 Tl 2.2 N	REET ADDRESS TY-ST-ZIP TLE		☐ Change	_
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	,	1.3 S [*] 1.4 Cl 2.1 Tl 2.2 N 2.3 S [*] 2.4 C	REET ADDRESS IY-ST-ZIP ILÉ IME REET ADDRESS ITY-ST-ZIP		:	e ☐ Addition
-	MIAMI FL	☐ DELETE	1.3 S ² 1.4 Cl 2.1 Tl 2.2 NJ 2.3 S ² 2.4 Cl 3.1 Th	REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE		☐ Change	e ☐ Addition
CITY-ST-ZIP	MIAMI FL	,	1.3 S [*] 1.4 Cl 2.1 Tl 2.2 N 2.3 S [*] 2.4 C	REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE		:	e ☐ Addition
CITY-ST-ZIP	MIAMI FL	,	1.3 S ² 1.4 Cl 2.1 Tl 2.2 Nc 2.3 S ² 2.4 C 3.1 Tl 3.2 Nc	REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE		:	e ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL	,	1.3 S ² 1.4 Cl 2.1 Tl 2.2 Ns 2.3 S ² 2.4 C 3.1 Th 3.2 Ns 3.3 S ³	REET ADDRESS IY-ST-ZIP LE WME REET ADDRESS ITY-ST-ZIP LE		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL	- DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TH 3.2 N 3.3 ST 3.4. C	REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N. 2.3 ST 2.4 CT 3.1 TI 3.2 N. 3.3 ST 3.4 CT 4.1 TI 4.2 N	REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IMME REET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE		Change	Addition
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14. I hereby 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90027 028 ***150.00