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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K92733** 

(0) E.J. TIRES CORPORATION Principal Place of Business Mailing Address % ESTEBAN JIMINEZ % ESTEBAN JIMINEZ 1401 E 10 AVE 1401 E 10 AVE HALEAH FL 33010 HIALEAH FL 33010-3301 3a. Date of Last Report 3. Date Incorporated or Qualified 06/05/1989 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0123755 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. atc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JIMENEZ, ARMANDO 81 Name 1401 E 10 AVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 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 Sign if we track in printed name is regular to appril and the insulps lable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Add tion TITLE 1 1 TITLE JIMENEZ, ARMANDO NAME 1.2 NAME 1401 E. 10TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 1.4 CITY - ST - ZIP CHTY-ST-ZIF DELETE 2.1 TITLE ☐ Change Addition THEE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIE Addition DELETE 3.1 THLF Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition 4 1 TITLE THILL 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - Z01 4.4 DITY-ST-ZIP DELETE Change 51 TITLE Addition THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7Id DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS

14. I do hereby certily 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 indicator 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

64 CITY-ST-ZIP

SIGNATURE:

CHTY-IST ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 14 1997 8:00am

Secretary of State

Day; me Phone # 0115519