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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

|  | 1997  | O TELE   | DIVISION OF   | JUNFORATIONS   | ,   |  |   |
|--|---|--|---|--|---|--|---|
|  | MENT # <b>L230</b><br>TIRE, CORP.   | 15   | (5)   |  |   |  |   |
|  |   |  |   |  |   |  | 8 (   |
| Principal Plac   | e of Business   | Mailing /  | Address   |  | ·   |  | BHOIL BHEIL OIDII OIDII OIBH DIOIL IOOI                         |
| % RUBEN BOUZA % RUBEN BOUZA  |   |  |   |  |   |  |   |
| 3055 N.W. 31ST AVE. 3055 N.W. 31ST AVE. MIAMI FL 33142-5702              |   |  |   |  |   |  |   |
|  | -   |  |   |  |   | 3. Date Incorporated or Qualified  | 3a, Date of Last Report   |
|  |   |  |   |  |   | 10/16/1989   | 05/01/1996  |
|  | lace of Business  | f1   | ng Address  |  |   | 4. FEI Number  | Applied For   |
| Suite Apt.   | # etc   | 26]<br>Suite   | Suite, Apt. #, etc.                                     |  |   | 65-0150766   | Not Applicable  \$8.75 Additional                               |
| 22   |   | 27   |   |  |   | 5. Certificate of Status Desired   | Fee Required  |
| City & State   | e   |  | City & State  |  |   | 6. Election Campaign Financing   | \$5.00 May Be   |
| 23   |   | 28   |   |  |   | Trust Fund Contribution  | Added to Fees   |
| Zip  | Country   | Zip  |   | Country  |   | 8. This corporation has liability for it   |   |
| 24   | 25 29 30 9. Name and Address of Current Registered Agent  |  | 30  |  | Florida Statutes  10. Name and Address of New Reg | Yes No   |   |
| B∆i  | JZA, RUBEN  | unem neglatered  | Mail  | 81 N   | ame   | 10. Hame and Address of New He   | Istoreo Agent   |
| 2055 NW 2187 AVE E   |   |  |   |  |   |  |   |
| MIAMI FL FL 33142  82 Street Address (P.O. Box Number is Not Acceptable) |   |  |   |  |   |  |   |
| , ,,,,,  |   |  |   | 83   |   |  |   |
|  |   |  |   | 84 Ci  |   |  | In I To A L   |
|  |   |  |   | 84 Ci  | пу  |  | FL 85 Zip Code  |
| 11. Pursuant<br>office or r<br>agent. La                                 | to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the | 7.0502 and 607.150<br>State of Florida. Su<br>obligations of, Sect | 08, Florida Statut<br>ch change was<br>ion 607.0505, Fl | es, the above-na<br>authorized by the<br>orida Statutes. | med corp<br>corpora                               | poration submits this statement for the potion's board of directors. I hereby accept | urpose of changing its registered the appointment as registered |
| SIGNATURE  |   |  | •   |  |   |  |   |
| 48   | Signature, typed or printed harne of registe  | red agent and tille if applic<br>S AND DIRECTORS                   |   | E: Registered Agent sig                                  | gnature requi                                     |  | DATE  |
| 12.  | D   | S AND DIRECTORS  | DELETE  | 13.  |   | ADDITIONS/CHANGES TO OFFIC   | Change Addition   |
| NAME   | BOUZA, RUBEN  |  | Comme   | 1.2 NAME   | 1   |  | C change C resolution   |
| STREET ADDRESS   | 3055 N.W. 31ST AVE.   |  |   | 1.3 STREET ADDI  | RESS  |  |   |
| CiTY - ST - ZiP  | MIAMI FL  |  |   | 1,4 CITY-ST-ZIF  |   |  |   |
| THILE  |   | ····   | DELETE  | 2.1 TITLE  |   | · · · · · · · · · · · · · · · · · · ·  | ☐ Change ☐ Addition   |
| NAME   |   |  |   | 2.2 NAME   | 1   |  |   |
| STREET ADDRESS   |   |  |   | 2.3 STREET ADD   | ress  |  |   |
| CHY-SI-Ziri  |   | ••••   |   | 2. 4 CITY- ST-ZI   | P   |  |   |
| TOLE   |   |  | DELETE  | 3.1 TITLE  | - }   |  | Change Addition   |
| NAME   |   |  |   | 3.2 NAME   |   |  |   |
| STREET ADDRESS   |   |  |   | 3.3 STREET ADDI  | i   |  |   |
| CHY-ST ZIP<br>Total  |   | - <del></del>  | DELETE  | 3.4. CITY - ST - ZII<br>4.1 TITLE                        | <u>P</u>  |  | Change Addition   |
| NAME   |   |  | - Derric  | 4.1 IIILE<br>4.2 NAME                                    |   |  | Fi outside Fi Propinti)   |
| STREET ADORESS   |   |  |   | 4.2 NAME<br>4.3 STREET ADDI                              | RESS  |  |   |
| C:TY - ST - ZIF  |   |  |   | 4.4 CITY-ST-ZIF  |   |  |   |
| THE  |   |  | DELETE  | 5.1 TITLE  |   |  | Change Addition   |

City: S1-ZIP

14. I do 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 charged, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 City-St-zip

SIGNATURE:

NAME

THE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST ZIP

RUNGO TYPED ON PRINTED NAME OF BIONING OFFICER OR DIRECTOR

DELETE

04-22-97

305-635-6417

0195922

Change

Addition

**FILED** 

Apr 28 1997 8:00am

Secretary of State