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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L47439 1. Corporation Name

Principal Place of Business

J.A. TIRE ROAD SERVICE, INC.

% JOSE RODRIGUEZ 131 SW 32ND AVE MIAMI FL 33135		% JOSE RODRIGUEZ 131 SW 32ND AVE MIAMI FL 33135			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					02/05/1990		· · · · · · · · · · · · · · · · · · ·	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			65-0173723		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State	е	City & State			6. Election Campaign Financing Solution \$5.00 May Be Added to Fees			
Zip 24	Country Zip 25 29			/	8. This corporation owes the current year Intangible Personal Property Tax.			
24 25 29 30  9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name			,	
	riguez, jose Sw 32ND ave		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	M FL 33135		83	<b>1</b>				
-			84	City	A CONTRACTOR OF THE PARTY OF TH	FL 85	Zip Code	
office or re agent. I as	egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corporati	poration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	t the appointment	as registered	
		ND DIRECTORS	13.	nt signature requiri	ADDITIONS/CHANGES TO OFF		ECTOPS IN 12	
12.	D OFFICERS A	DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO OFF	□ Ch		
TITLE	RODRIGUEZ, JOSE		•				ango	
NAME	131 SW 32ND AVE		1.2 NAME				• •	
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY- S 2.1 TITLE	ST-ZIP		□ Ch	ange Addition	
TITLE		- Detere					ungo	
NAME			2.2 NAME		•		•	
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5 3.1 TITLE	SI-ZIP	· · · · · · · · · · · · · · · · · · ·	. Ch:	ange Addition	
TITLE		- Deceite	3.2 NAME				ango Cartaonon	
NAME				TADDRESS				
STREET ADDRESS			3.4. CITY-5					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21		Ch	ange Addition	
NAME		<del>-</del>	4. 2 NAME			• –		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME			5.2 NAME		in the second			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	•		5.4 CITY-S	T-ZIP	*			
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange Addition	
NAME	•		6.2 NAME		,		. [	
STREET ADDRESS			6.3 STREE	TADDRESS		•		
CITY-ST-ZIP			6.4 CITY- S	T-ZIP				

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.

SIGNATURE:

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90043 028 \*\*\*150.00