FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:05

DOCUMENT # **L55264** **(0)**

1. Corporation Name
MACHIN TIRES SERVICE, INC.

Principal Place of Business	Mailing Address
~~9050 N.W. NORTH RIVER DR.~~ ~~9050 SOUTHWEST 40TH STREET~~ ~~MIAMI FL 33165~~	~~9050 N.W. NORTH RIVER DR.~~ ~~9050 SOUTHWEST 40TH STREET~~ ~~MIAMI FL 33165~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 9050 SW 40 ST.	26 9050 SW 40 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33165 Country 25	Zip 29 33165 Country 30

4. FEI Number: 65-0177880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACHIN, ALBERTO ~~11409 N.W. 87TH AVENUE~~ ~~HIALEAH GARDENS FL 33016~~	81 Name: Machin Alberto 82 Street Address (P.O. Box Number is Not Acceptable): 3910 SW 138 ave 83 84 City: Miami FL 85 Zip Code: 33175

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: ✓ Alberto Machin 3-30-95
Signature(s) typed or printed name(s) of registered agent and title, if applicable — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☒ Change ☐ Addition
NAME	MACHIN, ALBERTO	12 NAME	
STREET ADDRESS	~~11409 NW 87 PLACE~~	13 STREET ADDRESS	3910 SW 138 ave
CITY ST ZIP	~~HIALEAH GARDENS FL~~	14 CITY ST ZIP	Miami FL 33175
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	MACHIN, GUADALUPE	22 NAME	
STREET ADDRESS	~~11409 NW 87 PLACE~~	23 STREET ADDRESS	3910 SW 138 ave
CITY ST ZIP	~~HIALEAH GARDENS FL~~	24 CITY ST ZIP	Miami FL 33175
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: ✓ [signature] Alberto Machin 3-30-95 (305) 266-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177010 CP