

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 19, 1996 08:00 AM

Secretary of State

DOCUMENT # M32323 (1)

1. Corporation Name

CONSOLIDATED RETREADERS TIRE CORPORATION



Principal Place of Business

5937 RAVENSWOOD ROAD
H 14 AND 16
FT. LAUDERDALE FL 33312

Mailing Address

5937 RAVENSWOOD ROAD
H 14 AND 16
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

05/20/1986

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1914935

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUEZ, CARLOS
5937 RAVENSWOOD ROAD
H 14 AND 16
FT. LAUDERDALE FL 33312

81. Name

ECHEVERRI OSCAR

82. Street Address (P.O. Box Number is Not Acceptable)

5937 RAVENSWOOD ROAD

83

H 14 AND 16

84

FT. LAUDERDALE

FL

85. Zip Code
33312

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

[Signature]

OSCAR ECHEVERRI PD

02-08-96

SIGNATURE

[Signature]

OSCAR ECHEVERRI PD

02-08-96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

9. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE ☒ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. 1. TITLE ☐ Change ☒ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

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)(k), 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.

SIGNATURE:

[Signature]

OSCAR ECHEVERRI

02-08-96 (305) 987-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)