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

Mailing Address

BAYS 1-3-4-5

US

26

27

DAVIE FL 33314

3595 SW 46TH AVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # M32323**

. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

3595 SW 46TH AVE BAYS 1-3-4-5

DAVIE FL 33314

US

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22

## CONSOLIDATED RETREADERS TIRE CORPORATION

23		28		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the			_
24	25	29 3	0	Personal Property Tax.			No
9. Name and Address of Current Registered Agent				10. Name and Address of N	New Registered A	gent	·
			81 Name				
JOSE N. CORREA 833 SAVANNAH FALLS DR. H 14 AND 16 FT. LAUDERDALE FL 33327			82 Street Add	ress (P.O. Box Number is Not Ad	cceptable)		
			NEW CONTRACTOR OF THE PROPERTY				
			83		1.20001640		
			84 City		**************************************	85 Zip C	ode
			- "		FL	'	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for	or the purpose of c	hanging its r	egistered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	i Fiorida. Such change was aut	norizea by the corporati	on's board of directors. I hereby	accept the appoint	unent as reg	. Istered
, -	in lamillar with, and decept the obligation	3110 01, 00011011 001 101017	,	•			}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Agent signature require	ed when reinstating) **	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES T	O OFFICERS AND		
TITLE	VD	☐ DELETE	1.1 TITLE		·	Change	Addition
NAME	MARQUEZ, MARIA V.		1.2 NAME	• '			{
STREET ADDRESS	5937 RAVENSWOOD ROAD		1.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	FT. LAUDERDALE FL	•	1.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE		•	Change	Addition
NAME	ECHEVERRI, OSCAR		2.2 NAME				ļ
STREET ADDRESS	TATE BALIEVALIAN DO BOAD		2.3 STREET ADDRESS		4.		1
CITY-ST-ZIP	FT. LAUDERDALE FL	•	2. 4 CITY-ST-ZIP			· 	
TITLE		☐ DELETE	3.1 TITLE		• .	☐ Change	☐ Addition
NAME			3.2 NAME			•	• • {
STREET ADDRESS			3.3 STREET ADDRESS		مه این از <mark>داری</mark> ده ا	i ng vi e	41.180
CITY-ST-ZIP		•	3.4. CITY-ST-ZIP	<u> </u>		Brown Char	1 1 1 1 1 1 1 1
TITLE		☐ DELETE.	4.1 TITLE	1.0	*** **********************************	☐ Change ·	' Addition
NAME			4,2 NAME	-			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME			5.2 NAME	*			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY+ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	•		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	, .	· •	6.3 STREET ADDRESS				
	1	<u> </u>	6.4 CITY-ST-ZIP				4.75
14. I hereby	certify that the information supplied witt on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an anacci	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida State	tutes. I further certi	ify that the ir	formation
indicated officer or	t on this annual report or supplemental director of the corporation or the recei-	annual report is true and accur- rer or trustee empowered to ex	ate and that my signatul ecute this report as requ	uired by Chapter 607, Florida St	atutes; and that my	name appe	ars in
Block 12	or Block 13 if changed, or on an arracl	ment what areastress, with all	other like empowered.		i		,* .

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90021 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/20/1986

59-2669800

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

R2E034 (11/98)