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

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # M82352 SOUTHERN INDUSTRIAL TIRE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address	
2995 NW 76TH ST. MIAMI FL 33147 US	2995 NW 76TH ST. Miami FL 33147 US	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							05/24/1988				
2. Principal P	lace of Business	2a. Mailing Address			•	4.	FEI Number			Applied For	
21		28					65-0191304			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					. Certifcate of Status Desi	ired 🖬	\$8.7	5 Additional	
22		27					. Certificate of Status Desi		Fee	Required	
<b>—</b> '	City & State City & State				6.	6. Election Campaign Financing \$5.00 May Be					
23	<u> </u>	28					Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	_	ntry		8.	. This corporation owes th	ne current year Inta	_=	_	
24	25	<u> </u>	30				Personal Property Tax.				
	9. Name and Address of Current I	Registered Agent		D4 T		10.	. Name and Address of	New Registered	Agent		
GOUDIE. ENRIQUE				81 Name							
9834 N.W. 29TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33172											
יוויקאייו	M 1 L 301/2			83	t	-				(	
-		· .		84	City				85 Z	ip Code	
				ot				FL	**   -		
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607,1508, Florida Statute Florida, Such change was au	s, the al	bove I hv t	⊢named c	corporatio	on submits this statement for	or the purpose of	changing	its registered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flori	da Statı	ites.	a.c co.pc.	,410,113 (	obid of directors, tribioby	accept the appoin	iuneiit 6a	registered	
SIGNATURE		·									
12.	Signature, typed or printed name of registered agent at			Agent	signature rec	<del>`</del>		DATE			
TITLE	OFFICERS AND	DELETE	13.		—-т		ADDITIONS/CHANGES T	O OFFICERS AN			
NAME	COX, BARRY		1.1 111		ŀ				Chang	ge	
-	•		12 NA								
STREET ADDRESS	SKALDENSTRAAT 121-CI				ADDRESS						
CITY-ST-ZIP	B-9042 GENT BELGIUM D	☐ DELETE		Y-\$1-	-ZIP				C7.05	a Addis	
		□ vere ie	2.1 111						Chang	ge Addition	
NAME	MASSON, DANIEL		2.2 NA		- 1				•		
STREET ADDRESS	6 RUE HENNER			2.3 STREET ADDRESS							
CITY-ST-ZIP	75009 PARIS FRANCE	☐ DELETE		2.4 CITY-ST-ZIP					[] ()		
TITLE	OADDICK SADI	. — Dereig	3.1 111						Chan	ge Addition	
NAME	GARRICK, EARL		3.2 NA		[						
STREET ADDRESS	2616 EAST TAMARAC				ADDRESS						
CITY-ST-ZBP	WEST PALM BEACH FL D	☐ DELETE	3.4. CF		-ZIP		<del></del>		C. Chee	no Addition	
‡	I	C) pereig	4.1 111		1				Chang	ge Addition	
NAME etdeet anddese	Goudie, enrique 9834 n.w. 29 street		4.2 N								
STREET ADDRESS					ADDRESS					}	
CITY-ST-ZIP	MIAMI FL 33172 S	☐ DELETE	4.4 CIT 5.1 TIT		ZIP				LJ C	ae Addition	
NAME	Ĭ		5.1 III 5.2 NA						Chang	Be Naddingu	
1	CARDONA, JORGE 2690 W 74TH STREET			-	ADDRESS						
STREET ADDRESS	HIALEAH FL 33016		5.4 CIT	-	1						
CITY-ST-ZIP	HIMLEAN PL 33010	☐ DELETE	6.1 TIT		- 25		<u> </u>		FT Character	no Addition	
		C) DECEIE	6.2 NA						Chang	ge Addition	
NAME	•										
STREET ADDRESS	_ `		6.3 STI	HELET /	ADDRESS						

14. I hereby certify that the information indicated on this annual report or a officer or director of the corporatio Block 12 or Block 13 if changed, or

SIGNATURE:

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in left with an address, with all other like empowered.