

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90039 040 \*\*\*150.00

DOCUMENT # P00000094519

1. Corporation Name

CIVE TIRES + SERVICES, INC. ✓

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/6/2000

4. FEI Number

☒ 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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1305 DORADO DRIVE

2a. Mailing Address

26 1305 DORADO DRIVE

Suite, Apt. #, etc.

22 AA

Suite, Apt. #, etc.

27 AA

City & State

23 KISSINNEE, FL

City & State

28 KISSINNEE, FL

Zip Country

4 34741 25 USA

Zip Country

29 34741 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEX G. VIEIRA  
15913 SW 50 AVE.  
GAINESVILLE, FL 32618

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P FRANCO, OMAR

STREET ADDRESS CARR. 64 A ST-19 #301

CITY-ST-ZIP MEDELIN, COLOMBIA, SA

TITLE ☐ DELETE

NAME VP BEDOYA, MAURICIO

STREET ADDRESS MEDELIN, COLOMBIA, SA

CITY-ST-ZIP MEDELIN, COLOMBIA, SA

TITLE ☐ DELETE

NAME TREAS. GAURIA, MARIA VICTORIA

STREET ADDRESS MEDELIN, COLOMBIA, SA

CITY-ST-ZIP MEDELIN, COLOMBIA, SA

TITLE ☐ DELETE

NAME SEC GAURIA, MARIA EUGENIA

STREET ADDRESS MEDELIN, COLOMBIA, SA

CITY-ST-ZIP MEDELIN, COLOMBIA, SA

TITLE ☐ DELETE

NAME DIR. VIEIRA, ALEX G.

STREET ADDRESS 1345 W. DONEGAN AVE #B

CITY-ST-ZIP KISSINNEE, FL 34741

TITLE ☐ DELETE

NAME DIR. GLORIA S. RUIZ

STREET ADDRESS 6065 NW 167 ST #B12

CITY-ST-ZIP MIAMI, FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 557-1588  
Date Daytime Phone #

CR2E034 (11/98)