

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

APPROVED
AND
FILED

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1997 AUG -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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| DOCUMENT # 92000006061 |
| 1. Corporation Name MARNAN TIRES INC. |

| | |
|---|-----------------|
| Principal Place of Business 651 N.E. 28TH ST. POMPADO BEACH, FL 33064 SAME U.S. | Mailing Address |
|---|-----------------|

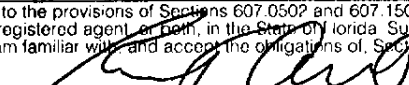
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/16/92 | 3a. Date of Last Report 6/11/96 |
| 4. FEI Number 65-0373486 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent HAROLD J ALBERT 4511 NW 49TH CT, COCONUT CREEK, FL 33073 | |
|--|--|

| | |
|---|-----------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name Robert Albert | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4511 NW 49TH CT | |
| 83 City COCONUT CREEK | |
| 84 State FL | 85 Zip Code 33073 |

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 this 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  (NOTE: Registered Agent's signature required when reinstating) DATE **7/30/97**

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALBERT, HAROLD <input checked="" type="checkbox"/> DELETE 4511 NW 49TH CT COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | D Robert Albert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4511 NW 49TH CT COCONUT CREEK, FL 33073 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | 300002260894 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -08/07/97--01070--003 ****165.00 ****165.00 |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 785-3411 |

14. I do 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.

SIGNATURE:  DATE **7/30/97** (954) 785-3411

CR2E034 (9/96)

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MARNAN TIRES INC
651 N.E. 28TH ST.
POMPANO BEACH, FL. 33064

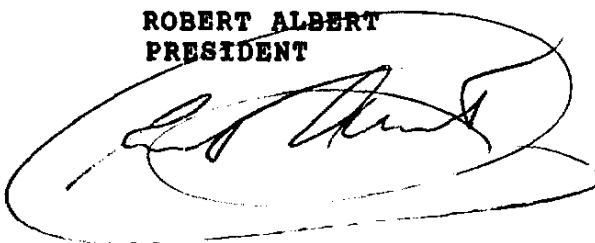
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

07/14/97

TO WHOM IT MAY CONCERN:

ON MARCH 6TH 1997 WE SENT OUR CHECK # 3699 IN THE AMOUNT OF \$165.00
WE NEVER RECIEVED IT BACK IN OUR BANK STATMENT ASSUMING THAT IT GOT
TIED UP IN YOUR OFFICE. APARENTLY IT MUST OF GOTTEN LOST IN THE MAIL.
WE ARE SUBMITTING A COPY OF THE REPORT THAT WE HAVE IN OUR RECORDS
THAT WE FILED. PLEASE ACCEPT OUR NEW CHECK OF \$165.00 IN LIEW OF THE
OLD ONE.

ROBERT ALBERT
PRESIDENT

A large, stylized handwritten signature in black ink, appearing to read 'Robert Albert', is written over the printed name and title.