## 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 # P92000012896 1. Corporation Name

SANCHEZ TIRES INC.

OAROULZ TITLO INC.					
Principal Place of Business	Mailing Address				
140 WEST 29TH ST.	140 WEST 29TH ST.				
HIALEAH FL 33010	HIALEAH FL 33010				

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90001 009 \*\*\*\*150.00



Principal Plac	e of Business	Mailing Address			- I (BBI(BBI IND IBLID ITON EDIN BDIN B	8141 8 <b>8</b> 4 <b>8</b> 4 14818 14881 48148	EBAUD BIOLITERA
140 WEST 29TH ST. 140 WEST 29TH ST.							
HIALEAH FL 33010 HIALEAH FL 33010					DO NOT WRITE IN THIS SPACE		
					Do NOT WRITE      3. Date incorporated or Qualifed	IN THIS SPACE	
					12/18/1992		
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
2. 1 (IIIO)par 1	lace of Eddinoso	26			65-0375196	<del></del>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	<del></del> ,
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current		_
24	25	- <del></del>	30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		041 41	10. Name and Address of New Reg	Istered Agent	
DEV	ES, CARLOS M			81 Name			
	E. 17 ST.			82 Street Addre	dress (P.O. Box Number is Not Acceptable)		
	LEAH FL 33010			00		# # 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* . * . *
1 11/31	ELATTE GOOTS			83			
				84 City		85 Zip (	ode
		500 1 507 4500 Florido Statut		hous named same	oration submits this statement for the pur	nose of changing its	registered
' office or	registered agent or both, in the Stat	te of Florida. Such change was at	uthorized	by the corporation	on's board of directors. I hereby accept the	e appointment as re	gistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Stati	utes.			
SIGNATURE	Signature, typed or printed name of registered a	cont and title if annihoble (NOTE:	Registered	Agent signature required	when reinstating	DATE	l <i>,</i>
12.		AND DIRECTORS	13.	rigoni signaturo roqui ot	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TIPLE	PD	DELETE	1.1 TT	TLE		☐ Change	Addition
NAME	REYES, CARLOS M		1.2 NA	AME.	140 14 14		
STREET ADDRESS	000 F 47 OT		1.3 ST	REET ADDRESS			Ì
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CF	TY-ST-ZIP			
TITLE	STD		_	7.5			
NAME	REYES, RAISA	☐ DELETE	2.1 TI	145	· · · · ·	Change	Addition
STREET ADDRESS	202 E. 17 ST.	☐ DELETE	2.1 TII 2.2 N			Change	Addition
000/ 0T 7ID	202 E. 17 31.	☐ DELETE	2.2 NA			Change	Addition
CHY-SI-ZIP	HIALEAH FL 33010	□ DELETE	2.2 NA 2.3 ST	AME		Change	Addition
CITY-ST-ZIP TITLE	1 -	☐ DELETE	2.2 NA 2.3 ST	AME TREET ADORESS TTY-ST-ZIP		Change	Addition
	1 -		2.2 N/ 2.3 ST 2.4 C	AME IREET ADORESS ITY-ST-ZIP TLE			
TITLE	HIALEAH FL 33010		2.2 N/2 2.3 ST 2.4 C 3.1 TIT 3.2 N/4	AME IREET ADORESS ITY-ST-ZIP TLE			
TITLE NAME	HIALEAH FL 33010		2.2 N/2 2.3 ST 2.4 C 3.1 TIT 3.2 N/4 3.3 ST	AME IREET ADORESS ITY-ST-ZIP TLE			
TITLE NAME STREET ADDRESS	HIALEAH FL 33010		2.2 N/2 2.3 ST 2.4 C 3.1 TIT 3.2 N/4 3.3 ST	AME ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP		☐ Change	
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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 of 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 chapter of the receiver or trustee empowered.

305-883-8レ45
Davtime Phone #