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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000015284

1. Corporation Name

M & M TIRE SERVICE INC.

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Principal Place of Business	Mailing Address						
7704 N.W. 98 STREET	7704 N.W. 98 STREET			}			
BAY 11	BAY 11	w.a		PO NOT WEST	- IN THIS S	DACE	
HIALEAH GARDENS FL 33016	HIALEAH GARDENS FL 330	116		DO NOT WRIT	E IN I HIS S	PACE	
				3. Date Incorporated or Qualifed 12/30/1992			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		- 1	pplied For
	26			65-0360324			ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22	27			3. Commode of Casta Scotto		Fee R	tequired
City & State	City & State		- <u>-</u>	6. Election Campaign Financing		\$5.00	May Be 🦳
23	28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip Country	Zip	Country	,	8. This corporation owes the curre	ent year Intai	ngible	
24 25	29	30		Personal Property Tax.		Yes	□No
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered A	gent	
		81	Name				
RAMOS, TOMAS P		82	Chaot Add	Iress (P.O. Box Number is Not Accepta	hlel		
1050 WEST 35 STREET		02	Stiser Addi	iless (F.O. Box Number is Not Accopta	Dic)		ļ
HIALEAH FL 33012		83				-	
						1. 1	
		84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.	0502 and 607 1509 Florida Statut	ee the show	e-named corr	poration submits this statement for the	nurnose of c	l I hanging it	s registered
1 11 PHESIANT TO THE DEDVISIONS OF SECURIS DUT :	USUZ ANU GUI. ISUO, FIUNDA SIAILI	uthorized by	e-married corp	i based of discount baseds accom-	t the appoint	ment se r	herefeine
office or registered agent or both in the St	ate of Florida. Such chande was a	iuthonizeu by	tne corporati	ion's board of directors. I hereby accept	t are appear	inent da i	egisiciou
office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob	ate of Florida. Such chande was a	rida Statutes	tne corporati	ion's board of directors. I hereby accep	t ato appoint	inem as i	egisiered
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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 anguel 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP