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FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002067 (5)

1. Corporation Name
TIRE TECH, INC.



Principal Place of Business
1350 N.W. LEJEUNE ROAD
MIAMI FL 33126

Mailing Address
1350 N.W. LEJEUNE ROAD
MIAMI FL 33126-2657

3. Date Incorporated or Qualified
01/11/1993

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 State, Apt. #, etc.

26 State, Apt. #, etc.

65-0382728

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, ROBERTO
4732 NW 98TH PLACE
MIAMI FL 33166

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
LOPEZ, ROBERTO A
4732 N.W. 98TH PLACE
MIAMI FL 33166

12 NAME

11 STREET ADDRESS ☐ DELETE

12 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

12 CITY-ST-ZIP

11 TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

11 NAME ☐ DELETE

22 NAME

11 STREET ADDRESS ☐ DELETE

23 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

24 CITY-ST-ZIP

11 TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

11 NAME ☐ DELETE

32 NAME

11 STREET ADDRESS ☐ DELETE

33 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

34 CITY-ST-ZIP

11 TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

11 NAME ☐ DELETE

42 NAME

11 STREET ADDRESS ☐ DELETE

43 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

44 CITY-ST-ZIP

11 TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

11 NAME ☐ DELETE

52 NAME

11 STREET ADDRESS ☐ DELETE

53 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

54 CITY-ST-ZIP

11 TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

11 NAME ☐ DELETE

62 NAME

11 STREET ADDRESS ☐ DELETE

63 STREET ADDRESS

11 CITY-ST-ZIP ☐ DELETE

64 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)