

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000009324 (3)
1. Corporation Name
KROME AUTO AND TIRE, INC.



Principal Place of Business 226 S. KROME AVE. HOMESTEAD FL 33030 US	Mailing Address 226 S. KROME AVE. HOMESTEAD FL 33030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1993		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 65-0408049		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country		29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAMER, JEFFREY S. ESQ 7700 SW 88 STREET SUITE 803 MIAMI FL 33158				10. Name and Address of New Registered Agent			
				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 *Robert O. Hernandez*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTD	1.1 TITLE	SD
NAME	HERNANDEZ, ROBERTO	1.2 NAME	ROBERT A. HERNANDEZ
STREET ADDRESS	15720 SOUTHWEST 297TH STREET	1.3 STREET ADDRESS	30231 S.W. 152 AV
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	LEISURE CITY FL 33033
TITLE	SD	2.1 TITLE	S
NAME	HERNANDEZ, ZAIDA	2.2 NAME	ROBERT A. HERNANDEZ
STREET ADDRESS	15720 SOUTHWEST 297TH STREET	2.3 STREET ADDRESS	30231 S.W. 152 AV
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	LEISURE CITY FL 33033
TITLE	S	3.1 TITLE	
NAME	ROURA, MAYRA	3.2 NAME	
STREET ADDRESS	13613 SW 179 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 *Robert A. Hernandez* 9/10/97 247-2008

CR2E034 (4/97)