


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000034564 (3) 1. Corporation Name J M TIRE CORP.		
Principal Place of Business	Mailing Address	
5780 SW 68TH ST. MIAMI FL 33143 US	11541 SW 4TH ST. MIAMI FL 33174 US	



2. Principal Place of Business	2a. Mailing Address
21 24420 S. Dixie Highway Suite, Apt #, etc.	26
22	27
23 City & State Princeton FL	28 City & State
24 Zip 33032	25 Country
29	30

3. Date Incorporated or Qualified 05/07/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0410975	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MENDEZ, JAIRO 7484 N.W. 8TH STREET MIAMI FL 33126		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 signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, JAIRO	12 NAME
STREET ADDRESS	11541 S.W. 4TH ST.	13 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33174	14 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY - ST - ZIP		24 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY - ST - ZIP		44 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jairo A. Mendez JAIRO A. MENDEZ 6-11-96 (303) 258-4820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)