FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra R. Mariham

Secretary of State /
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000079336 (2)

ALBERTO TIRE SERVICE, CORP.

Principal Place of Business	Mailing Address	
12378 NW 98 AVE HIALEAH GARDENS FL 33016 US	12378 NW 98 AVE HIALEAH GARDENS FL 33016 US	3. Date Incorporated or Qualified 11/17/1993
2. Principal Place of Business	2a. Mailing Address	4. FEI Number

3a. Date of Last Report

B CRANTER FOR ATTACANT TOTAL CENTRACTURE CONTRACTOR (ALCO INCIDENTAL CONTRACTOR AND AND AND AND AND AND AND A

						11/11/1893	0	ו זו טוס	990
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	•	26				65-0451710			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
22		27				G. Continuate of Clares Decired	····	Fee	Required
City & State	•	City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Z _I p	Country	Zip	Cou	intry		8. This corporation has liability for in		under s	199.032,
24	25	29	30	,		Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Ro	gistered A	gent	
				81	Name				
FLORE	es, alberto			82	Street Address	s (P.O. Box Number is Not Acceptable	e)		
12378	NE 98 AVE.					2000 1 000 000 (· · · · · · · · · · · · · · ·			
#2-D				83					
HIALEA	AH GARDENS FL 33016			84	City			Tes 7	ip Code
				**	Oity		FL	85 Zi	ib Cook
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ove-na	med corporati	on submits this statement for the purp	ose of char	iging its	registered office
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec			corpor	ration's board	of directors. I hereby accept the appo-	intment as r	egistered	d agent. I am
	in, and adopt the obligations of, acc	Alon our loudo, r londa glatuto	.						
SIGNATURE _	Signature typed or printed name of registered ager	nt end title if anolicable. (N	OTE: Registered	Agent s	signature required wi	hen reinstating	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND !	DIRECT (ORS IN 12
TITLE	D	☐ DELETE	1, 1 3	TLE				Change	Addition
NAME	FLORES, ALBERTO		1,2 N	AME	ļ				
STREET ADDRESS	12378 NW 98 AVE.		•	TREET AL	DDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL			ITY-ST-					
TITLE	D	DELETE	2 1 1					Change	☐ Addition
NAME	FLORES, ANA		22 N					Ü	
STHEET ADDRESS	12378 NW 98 AVE.			TREET AL	UDDECC				
	HIALEAH GARDENS FL			ITY-ST-	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP TITLE	THALLATI GARDENO PL	DELETE	3.11		- CIL) Change	Addition
NAME		CT SECTION	3.1 N				<u> </u>	, 5ag.	
					nnorce		*		
STREET ADDRESS					ADDRESS				
CITY-\$1-ZIP TITLE	 	☐ DELETE		ITY-ST-	- 411'			1 Change	☐ Addition
			4.11				Ĺ	, onangr	LI Addition
NAME			4.2 N						-
STREET ADDRESS				TREET AL					
CITY-ST-ZIP		C of the		ITY-SI-	- ZIP		<u>-</u>	1 ()	C Addition
TITLE		☐ DELETE	5 1 1				L] Change	☐ Addition
NAME			52 N	AME					
STREET ADDRESS			535	TREET AL	DDRESS				
CITY-ST-ZIP			540	ITY-ST-	- ZIP				
TITLE		☐ DELETE	6.1	TITLE] Change	☐ Add:tion
NAME			6.2 N	AME					
CIDEEL ADODECC			620	TOCET A	OUBESS				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranget, or or an attachment with an address.

SIGNATURE: \

AT THE AND TYPED OF NINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Bav: 822.3357