FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 and REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 20 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000017515

1. Corporation Name
TIRES & TRUCK Corporation

Principal Place of Business
247 Collins Avenue
Miami Bch, FL 33139

Mailing Address same

REINSTATEMENT 96 CD

3. Date Incorporated or Qualified: 03/07/94	3a. Date of Last Report: 5/1/95		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0471690	☐ Applied For ☐ Not Applicable
21 247 Collins Ave	26 247 Collins Ave		
Suite Apt # etc: 22 —	Suite, Apt. #, etc: 27 —	5. Certificate of Status Desired: ☒	**$8.75** Additional Fee Required
City & State: 23 Miami Bch, FL	City & State: 28 Miami Beach, FL	6. Election Campaign Financing Trust Fund Contribution: ☐	**$5.00** May Be Added to Fees
Zip: 24 33139 Country: 25 USA	Zip: 29 33139 Country: 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ALEJANDRINA CABRERA
247 Collins Avenue
Miami Bch, FL 33139

10. Name and Address of New Registered Agent

81 Name: NO CHANGE
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: [signature] 12/18/96
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 / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE: P/S/D; ALEJANDRINA CABRERA; 247 Collins Ave, Miami Bch, FL 33139	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition: NO CHANGE.
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition: 900002040519--3 -12/30/96--01011--006 ****383.75 ****383.75
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 12/18/96 (305) 556-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #