FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000062798

WORLD OF TIRES & WHEELS, INC.

Principal Place	e of Business	Mailing Address							
16055 NW 57TH AVENUE 16055 NW 57TH AVENUE		16055 NW 57TH AVENUE							
HIALEAH FL 33014-6705 HIALEAH FL 33014						DO NOT WIDE	TE IN THIS	CDACE	
US .						DO NOT WRI	E IN THIS	SPACE	
						Date Incorporated or Qualifed 08/23/1994			
2. Principal Pl	lace of Business	2a. Mailing Address		-		FEI Number			Applied For
21		26				65-0514174			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certifcate of Status Desired			Additional
22		27		1					Required
City & State City & State				6.	Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	'	8.	This corporation owes the curr	ent year Inta		r e
24	25	29 30	ol			Personal Property Tax.		Yes	[]No
	9. Name and Address of Current	Registered Agent		1	10.	Name and Address of New	Registered /	Agent	
			81	Name					
	RO, TANIA		82	Street Add	Idress (P	O. Box Number is Not Accept	able)		
2700 SW 76TH AVENUE			Ľ		`	135 to 1 145 to 1	<u></u>	<u> </u>	a Nasyen nave
MIAMI FL 33155			83				τ,		化有温度压力
			84	City			· · · · · · · · · · · · · · · · · · ·		p Code
			04	City	-		FL		
SIGNATURE	Signature, typed or printed name of registered agent			nt signature requir	uired when n	einstating) ADDITIONS/CHANGES TO OF	DATE	DIDIDEC	TORS IN 12
12.	OFFICERS ANI		13.		'	ADDITIONS/CHANGES TO UP	FICERS AN	Chang	
TITLE	PTD	☐ DELETE	1.1 TITLE	-					0 0 1.00.110.11
NAME	RIVERO, MARCOS O		1.2 NAME	1					
STREET ADDRESS				TADDRESS				:	
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY-5	ST-ZIP		 		Chang	e
TITLE	VSD	☐ DELETE	2.1 TITLE			i		Criang	e DAGGON
NAME	RIVERO, DANIEL		2.2 NAME						Ì
STREET ADDRESS			2.3 STREE	TADDRESS	-				
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CITY-	ST-ZIP				Chang	e
TITLE		☐ DELETE	3.1 TITLE				•	- Chang	eAddison]
NAME			3.2 NAME						İ
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TITLE	l .								B. Magningii
NAME	1	☐ DELETE	4.1 TITLE				•	Cloud	I
IANAME		☐ DELETE	4. 2 NAME	1			•	Chant	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREE 4.4 CITY-3 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				:	

CITY-ST-ZIP 14. I 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, op on an attachment with any address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🕸

STREET ADDRESS

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90092 043 ***150.00