FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071679 (2)**

1. Corporate Name
ROUND TIRE SERVICES, INC.

Principal Place of Business
18121 N.W. 52ND AVE.
MIAMI FL 33126

Mailing Address
18121 N.W. 52ND AVE.
MIAMI FL 33126

3. Date Incorporated (or Qualified) **09/29/1994**

3a. Date of Last Report

2. Business Address — 21

2a. Mailing Address — 26

Suite, Apt. # or Rt. — 22

Suite, Apt. # or Rt. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number **59-2677760** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation intend to participate in the election of funds under Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

REDONDO, MAXIMO
18121 N.W. 52ND AVE.
MIAMI FL 33055

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 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the statement of the principal place of business or mailing address of the principal office in Florida, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Having accepted the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	**PSTD** **REDONDO, MAXIMO** **18121 N.W. 52ND AVE.** **MIAMI FL 33055**
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 be in lieu of an oath as required by Section 607.0120, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: GRACIELA COMAS V/PRES. 305-624-5878 Office

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone

0102372 CP