


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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016523 (9)

1. Corporation Name  
OKEECHOBEE TIRE SERVICE & REPAIRS, INC.



Principal Place of Business 637 E. OKEECHOBEE ROAD HIALEAH FL 33010		Mailing Address 637 E. OKEECHOBEE ROAD HIALEAH FL 33010-5644	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/28/1995	
22. City & State	27. City & State	3a. Date of Last Report 05/01/1996	
23. Zip	28. Zip	4. FEI Number 65-0560841	
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent REYES, ANGEL 637 E. OKEECHOBEE ROAD HIALEAH FL 33010		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		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 607.0502 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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	REYES, ANGEL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	637 E. OKEECHOBEE ROAD			1.2 NAME	
CITY- ST- ZIP	HIALEAH FL 33010			1.3 STREET ADDRESS	
				1.4 CITY- ST- ZIP	
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, NORMA			2.2 NAME	
STREET ADDRESS	637 E. OKEECHOBEE ROAD			2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33010			2.4 CITY- ST- ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.2 NAME	
NAME				3.3 STREET ADDRESS	
STREET ADDRESS				3.4 CITY- ST- ZIP	
CITY- ST- ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
TITLE		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME				4.4 CITY- ST- ZIP	
STREET ADDRESS				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP				5.2 NAME	
				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY- ST- ZIP	
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				6.2 NAME	
CITY- ST- ZIP				6.3 STREET ADDRESS	
				6.4 CITY- ST- ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Angel Reyes* **SIGNATURE REQUIRED** *4/21/97* *4(305)883-5668*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0114745

CR2E034 (9/96)