## 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 # P95000041634

1. Corporation Name

ARCA TIRES INC.

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90020 049 \*\*\*150.00



Principal Place	of Business	Mailing Address				f shiftings ten ibritt metre and	ti dätti adili B		6 Ithit 2101 1041	
2450 PALM AVE HIALEAH FL 33912 33010		2450 PALM AVE HIALEAH FL 33912 33010				DO NOT WRITE IN THIS SPACE				
		3307			Ì	3. Date Incorporated or Qualifed 05/26/1995				]
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		]
21		26				65-0583235		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired	
City & State		City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 May Be Added to Fees		
Zip Country 25 25		Zip 33010 3	¬ フョハ// -¬			8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent		
	2041 4151416001			81 Nam	9					}
ABASCAL, ALEJANDRO L 2450 PALM AVE				82 Street Addr		s (P.O. Box Number is Not Accepta	ble)			1
HIAL	EAH FL 33012 ,3301.0		Ī	83						Ì
	5201.0			84 City			FL	85 Zip	23/10	1
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes.	the at	ove-name	d corpora	ation submits this statement for the	numose of o	hanging its	registered	1
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auth	iorized	by the cor	poration'	's board of directors. I hereby accep	t the appoin	tment as re	egistered	
SIGNATURE						·				) .
	Signature, typed or printed name of registered agen			Agent signatur	e required w	then reinstating)	DATE	DIDECT	DDC (N. 12	1 3
12.	<del>-,</del>	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF	-ICERS ANI	Change	☐ Addition	} :
TITLE	DP ABASCAL, ALEJANDRO L	□ occeie	1.1 11 1.2 NA					Commission		\ ;
NAME	1035 W. 33 PL.									
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CITY-ST-ZIP	DP DP	□ DELETE	2.1 777	Y-ST-ZIP	<del>-}</del> -			[] Change	☐ Addition	┧;
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NAME			3.2 NA	ME	}					1
STREET ADDRESS			33 ST	REET ADDRES	s					ļ
CITY-ST-ZIP				ry-st-zip	Ì					}
TITLE		☐ DELETE	4.1 TIT				-	Change	Addition	]
NAME			4. 2 NA	ME						1
STREET ADDRESS			4.3 ST	REET ADDRES	s					
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	L					]
TITLE		☐ DELETE	5.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME			5.2 NA	ME						-
STREET ADDRESS			5.3 ST	REET ADORES	s		•			
CITY-ST-ZIP			L	Y-ST-ZIP	<u> </u>	. <u></u>				4
TITLE		☐ DELETE	6.1 TIT			•		☐ Change	Addition	
NAME			6.2 NA					,		
STREET ADDRESS			6.3 \$1	REET ADORES	s)			•		
			# a . am							1

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 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATUR**