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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000065317 (6)

GARCIA TIRE SERVICE CORP.

| Principal Place of Business | Mailing Address  |
|-----------------------------|------------------|
| 1184 W PALM AVE             | 1184 W PALM AVE  |
| HIALEAH FL 33010            | HIALEAH FL 33010 |

Country

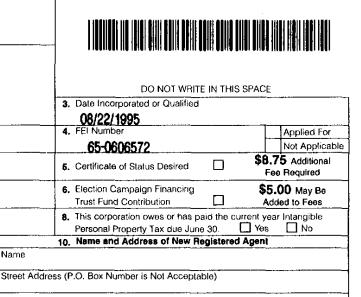
9. Name and Address of Current Registered Agent

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GARCIA, JOSE A 900 NW 132ND PL

**MIAMI FL 33182** 

## **FILED** Feb 05 1998 8:00am Secretary of State



Zip Code

85

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 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, or both, in the State of Florida State of Section 607.0505. Florida State of Florida State

Country

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City

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| SIGNATURE     | Signature, typed or printed name of registered agent and tine if applicable | (NOTE R  | legistered Agent signature requi |                     | DATE                  |             |
|---------------|---|----------|----------------------------------|---------------------|-----------------------|-------------|
| 12.           | OFFICERS AND DIRECTORS  |          | 13.                              | ADDITIONS/CHANGES T | O OFFICERS AND DIRECT |             |
| ITLE          | _   | DELETE   | 1.1 TITLE                        |                     | ☐ Chan                | ge 🔲 Addit  |
| AME           | GARCIA, JOSE A  |          | 1.2 NAME                         |                     |                       |             |
| TREET ADDRESS | 900 NW 132ND PL   |          | 1.3 STREET ADDRESS               |                     |                       |             |
| ITY-ST-ZIP    | MIAMI 33 33182  |          | 1.4 CITY- ST- ZIP                |                     |                       |             |
| TLE           | D   | DELETE   | 2.1 TITLE                        |                     | Chan                  | ge 🔲 Additi |
| AME           | Garcia, angela r  |          | 2.2 NAME                         |                     |                       |             |
| TREET ADDRESS | 900 NW 132ND PL   |          | 2.3 STREET ADDRESS               |                     |                       |             |
| TTY+ST-ZIP    | MIAMI FL 33182  |          | 2. 4 CITY - ST - ZIP             |                     |                       |             |
| TLE           |   | DELETE   | 3.1 TITLE                        |                     | ☐ Chan                | ge 🔲 Additi |
| AME           |   |          | 3.2 NAME                         |                     |                       |             |
| TREET ADDRESS |   |          | 3.3 STREET ADDRESS               |                     |                       |             |
| ITY-ST-ZIP    |   |          | 3.4. CITY - ST - ZIP             |                     |                       |             |
| TLE           |   | DELETE   | 4.1 TITLE                        |                     | ☐ Chan                | ge 🔲 Addit  |
| AME           |   |          | 4. 2 NAME                        |                     |                       |             |
| TREET ADDRESS |   |          | 4.3 STREET ADDRESS               | ,                   |                       |             |
| ITY-ST-ZIP    |   |          | 4.4 C(TY-ST-Z)P                  |                     |                       |             |
| TLE           |   | DELETE . | 5 1 TITLE                        |                     | Chan                  | ge 🔲 Additi |
| AME           |   |          | 5.2 NAME                         |                     |                       |             |
| TREET ADDRESS |   |          | 5.3 STREET ADDRESS               |                     |                       |             |
| ITY-ST-ZIP    |   |          | 5.4 CITY-ST-ZIP                  |                     |                       |             |
| TLE           |   | DELETE   | 6.1 TITLE                        |                     | Chan                  | ge 🔲 Additi |
| AME           |   |          | 6.2 NAME                         |                     |                       |             |
| TREET ADDRESS |   |          | 6.3 STREET ADDRESS               |                     |                       |             |
| HTY-ST-ZIP    |   |          | 6.4 CITY-ST-ZIP                  |                     |                       |             |

14. Thereby 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.