

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000069970 (8)

1. Corporation Name
OCEAN TIRE INTERNATIONAL, INC.



Principal Place of Business: **6220 NW 37 AVE MIAMI FL 33147**
Mailing Address: **6220 NW 37 AVE MIAMI FL 33147**

3. Date Incorporated or Qualified: **09/12/1995**
3a. Date of Last Report: []

2. Principal Place of Business: [21] Suite, Apt #, etc: [22] City & State: [23] Zip: [24] Country: [25]
2a. Mailing Address: [26] Suite, Apt #, etc: [27] City & State: [28] Zip: [29] Country: [30]

4. FEI Number: [] 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent
**VALDES, JACQUELINE
6220 NW 37 AVE
MIAMI FL 33147**

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: _____ (Title: Registered Agent's signature required when reinstating) (Date: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
[] DELETE	D VALDES, JACQUELINE		
	6220 NW 37 AVE	13 STREET ADDRESS	
	MIAMI FL 33147	14 CITY - ST - ZIP	
[] DELETE		21 TITLE	22 NAME
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
[] DELETE		31 TITLE	32 NAME
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
[] DELETE		41 TITLE	42 NAME
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
[] DELETE		51 TITLE	52 NAME
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
[] DELETE		61 TITLE	62 NAME
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline Valdes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-96
35-836-0112
Digital Filing #

CR2E034 (3/96)