FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State*

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000073577 (5)

PAULINO TIRE CENTER, INC.

Dringing Diago	of Punness	Mailing Address				
Principa! Place		_				
3072 NW 79TH STREET MIAMI FL 33147		3072 NW 791H S MIAMI FL 33147	3072 NW 79TH STREET MIAMI FL 33147			
					3. Date Incorporated or Qualified 3 09/22/1995	a. Date of Last Report
2. Principal Pia	ice of Business	2a. Mailing Address	3		4. FEI Number 65-0609116	Applied For
21		26			w.0609112	Not Applicable
Suite, Apt. #, etc. 27		H-n	Suite, Apt # etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	Orty & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for inta	Added to Fees
Ζφ 24	Country 25	29	30		Florida Statutes Y Yes [
24	9. Name and Address of Curre				10. Name and Address of New Reg	stered Agent
	AP 72		81 1	Name		
" GARCIA, PAULINO			82 8	82 Street Address (P.O. Box Number is Not Acceptable)		
7600 NW 27TH AVE MIAMI FL 33147			83			
, MIAMI F	L 3314/					
			84	City		FL 85 Zip Code
or register familiar wit	ed agent, or both, in the State of Fk th, and accept the obligations of, Se	orida: Such change was au action 607.0595, Florida St	thorized by the corpora atutes:	ation's board	tion submits this statement for the purpo I of directors. I hereby accept the appoint	se of changing its registered office iment as registered agent. I am
	Sgradum lyander protes name of registered age	NND DIRECTORS	public Registered Agent si	good mede cars f	ADDITIONS/CHANGES TO OFFICE	
12. TITLE	D	DELET		7		Change Addition
NAME	GARCIA, PAULINO		1.2 NAME			
STREET ADDRESS 7600 NW 27TH AVE LOT 44		1.3 STREET AS	DORESS			
CITY - ST - ZIP	MIAMI FL 33147		. 14 CITY - ST-	ZiP		
TITLE		DELET				Change Addition
NAME			2.2 NAME	roncee		
STREET ADDRESS			2.3 STREET AT 2.4 CITY - ST			
CiTY-ST-ZIP TITLE	<u> </u>	DELF!				Cnange Addition
'NAME			3.2 NAME			
STREET ADDRESS			33 STREET A	DDRESS		
CITY-ST-2IF			3 4 CITY - S [†] -	7:P		Change Addition
TITLE		DELET		İ		☐ Cilai-ge ☐ Addition
NAME			4.2 NAME 4.3 STREET AS	hucee		
STREET ADDRESS			4.4 CITY - ST-			
CITY - ST - ZIP TITLE		DEL#1				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET A	DDRESS		
CITY-ST-ZIP			540-14-\$1-			
TITLE		DELE!		Į.	10000177 -04/09/960109	34B3knge □ Addition □ 1025
NAME			6.2 NAME #: 6.3 STPEL* A		***200.00	ta Manue
STREET ADDRESS	1		■ basiFtt A:	DUNCAD I		

64 DTY-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 O7(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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 is the figed, or on an attachment with an address.

SIGNATURE:

PAULING CARALA
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 (7:110 Propose # 9 -

CR2E034 (12/95)