

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96 000007360

1. Corporation Name

Tires, Wheels, & Accessories USA CORP.

Principal Place of Business

Mailing Address

386 NE. 167 St.

Miami, FL. 33162

2. Principal Place of Business
21 386 NE. 167 St.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Miami, FLA.

27 City & State

28

24 Zip 33162 Country DADE

29 Zip Country

30

3. Date Incorporated or Qualified
1-24-96

3a. Date of Last Report
1-24-96

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Raul Gastesi Jr.
9130 S. DADELAND Blvd. # 1509
Miami, FL.

10. Name and Address of New Registered Agent

81 Name MANUEL VALCARCEL

82 Street Address (P.O. Box Number is Not Acceptable)
386 NE. 167

83

84 City MIAMI

85 Zip Code FL 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Manuel L. Valcarcel

9/17/97

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME MANUEL L. VALCARCEL
STREET ADDRESS 386 NE. 167 ST.
CITY-ST-ZIP MIAMI, FL. 33162

TITLE V. PRESIDENT
NAME M. CECILIA VALCARCEL
STREET ADDRESS 386 NE. 167 ST.
CITY-ST-ZIP MIAMI, FL. 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Manuel L. Valcarcel

MANUEL L. VALCARCEL

9/17/97

(305) 688-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)