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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000013589

FILED Apr 17 1997 8:00am Secretary of State

| RIGHT PLACE TIRES | CORP. | | | |
|---|---|--|--|---------------------------------|
| Principal Place of Business 865 E 25 St. Hialeah, F1 33013 | Mailing Address 865 E 25 St. Hialeah, Fl. | | | |
| | | | 3. Date Incorporated or Qualified 2/9/96 | 3a. Dale of t.ast Report |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | 7-21-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 65-0675621 | Not Applicable |
| 22 | 27 27 | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| Tatu A Sigia | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country 25 | Zip 29 | Country | 8. This corporation has liability for i | |
| 24 / 25 9. Name and Address of Currer | | 1301 | Florida Statutes 10. Name and Address of New Re | |
| | | B1 Name | | |
| | | 62 Street Add | Adrian Alfonso Iress (P.O. Box Number is Not Acceptab | lo) |
| \ | | L.J | | |
| | | ⁸³ 865 | 83 865 E 25 St. | |
| | | 84 City | 1-1-1 | FI 85 Zip Code 3 |
| 11. Pursuant to the provisions of Sections 607.050 | 2 and +07.1508, Florida Stat | utes, the above-named cor | ialeah coration submits this statement for the o | |
| Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent I am familiar with, and accept the oblig | of Flor da. Such change was | s authorized by the corpora | ation's board of directors. I hereby accep | t the appointment as registered |
| SIGNATURE | | Torida Oldidios. | | |
| Signature typed or printed name of registered age | | OTE: Regislered Agont signature requ | | DATE |
| 12. OFFICERS AN | D DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | |
| NAME PD NAME Adrian Alfonso | - Derreit | 1.1 TITLE 1.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS 865 E 25 St. | | 1.3 STREET ADDRESS | • • • | |
| CITY-SI-ZIP Hialeah, Fl. 33013 | | 1.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 2.1 TITLE | *************************************** | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | , | 2.3 STREET ADDRESS | | - |
| CITY-\$1-ZIP | | 2. 4 CITY - ST - ZIP | | |
| THE | DELETE | 3 1 TITLE | | Change |
| NAME CTREET ADDRESS | | 32 NAME | | (24) |
| STREET ADDRESS CITY-SI-ZIP | | 33 STREET ADDRESS | | SILL |
| TILLE | DELETE | 34. CITY-ST-ZIP 41 TITLE | | Change Addition |
| NAME | | 4 2 NAME | | Change CI Addition |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY - \$1 - 21P | | 4 4 CITY - ST - ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | • | 5.2 NAME | | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | | |
| CITY-\$1-ZIP | DELETE | 5.4 CITY-ST-ZIP | | |
| TITLE HAME | C) DELETE | 6.1 TITLE | general general general streets and the west | Change Addition |
| STREET ADDRESS | | 62 NAME 63 STREET ADDRESS | 6000021 4 -04/18/97010: | 17064 |
| CITY-ST-7IP | | 6.4 CHY-ST-ZIP | ***165.00 | ti thurt |
| 14. I do hereby certify that the information supplier information indicated on this annual report or s | with mis filing does not qua | lify for the exemption state | d in Section 119.07(3)(i), Florida Statutes | . I further certily that the |

information indicated on this annual report or supplet iental annual report is true and accurate and that my prinature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the re- eiver or trustee ampowered 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.

CNATURE. Addrian Alfonso.