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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600031385 (3)
E.J.V. TIRES & ACCESSORIES, INC.

FILED Aug 27 1998 8:00am Secretary of State

Principal Plac 3075 LIONS (KISSIMMEE F	COURT	Mailing Address 3075 LIONS COURT KISSIMMEE FL 34744			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/10/1996	
2. Principal P	Place of Business	2a, Mailing Address 26		4. FEI Number 59-3412101	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	- The state of the	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24			Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Registere	d Agent
VELEZ, ELSTON J 9303 S ORANGE AVE ORLANDO FL 32824			83	ress (P.O. Box Number is Not Acceptable) LIONS COURT	Tel 7: Code
			84 City KISSII	MMFF. F	L 85 Zip Code 34744
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 Signature: typod or proded name of registered agent and lite if applicable (NOTE Registered Agent signature required when rejustating) DATE					
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP MELEZ FLOTON (L DELETE	1.1 TITLE		Change Addition
NAME	VELEZ, ELSTON J P.O. BOX 592363	PanCinch	1.2 NAME		
STREET ADDRESS	ORLANDO FL 32809	OS Pam Cinch	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	VELEZ, LUZ Y	18 Pam Cincle	2.2 NAME		
CTREET ANDRESS	P.O. BOX 592363	Buda 7/4 32805	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDÓ FL 32809		2. 4 CITY - ST-ZIP		
] 111LE		☐ DELETE	3.1 TITLE		L_ Change L_ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	- -	☐ DELETE	3.4. C(TY - ST - Z)P 4.1 T(T)LE		Change Addition
NAME		C DECEME	4.1 HTLC 4. 2 NAME		Onlongo Zadir(U)
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1)Y-ST-ZIP		
TITLE		☐ DELFTE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	5.2 NAME		. , –
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	/		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I 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 each; 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 attrictment with an address.

ELSTONIA VELET