


FILED

Mar 24 1997 8:00am
Secretary of State

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| <p style="text-align: center;">PROFIT CORPORATION ANNUAL REPORT 1997</p> |  | <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</p> |
| <p>DOCUMENT # P96000057920 (6)</p> | | |
| <p>1. Corporation Name WORLD WIDE TIRE NEED, CORP.</p> | | |
| <p>Principal Place of Business 1000 ISLAND BLVD. #1912 NORTH MIAMI BEACH FL 33160</p> | <p>Mailing Address 1000 ISLAND BLVD. #1912 NORTH MIAMI BEACH FL 33160</p> | |
| <p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City & State</p> <p>23 Zip</p> <p>24 Country</p> | <p>2a. Mailing Address</p> <p>26 Suite, Apt. #, etc.</p> <p>27 City & State</p> <p>28 Zip</p> <p>29 Country</p> | |
| <p>9. Name and Address of Current Registered Agent</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>MAILE, JOANNE 1000 ISLAND BLVD. #1912 NORTH MIAMI BEACH FL 33160</p> </div> <div style="width: 15%;"> <p>81 Name</p> <p>82 Street Address</p> <p>83</p> <p>84 City</p> </div> </div> | | |
| <p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</p> | | |
| <p>SIGNATURE</p> <p style="text-align: right;">(NOTE: Registered Agent's signature required)</p> | | |
| <p>12. OFFICERS AND DIRECTORS</p> | | |
| <p>12.</p> <p>TITLE D <input type="checkbox"/> DELETE</p> <p>NAME MAILE, JOANNE</p> <p>STREET ADDRESS 1000 ISLAND BLVD. #1912</p> <p>CITY - ST - ZIP NORTH MIAMI BEACH FL 33160</p> <p>TITLE PSVT <input type="checkbox"/> DELETE</p> <p>NAME MAILE, JOANNE</p> <p>STREET ADDRESS 1000 ISLAND BLVD. #1912</p> <p>CITY - ST - ZIP NORTH MIAMI BEACH FL 33160</p> <p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> <p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> <p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p>13.</p> <p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p> <p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p> <p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p> <p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p> <p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p> <p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p> | |
| <p>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address</p> | | |
| <p>SIGNATURE: <i>Joanne Maile</i> JOANNE M</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> | | |



CR2E034 (9/96)