

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000058127 (7)**

1. Corporation Name:  
**~~GEWE TYRES DISTRIBUTOR, INC., USA~~**  
**TIRE DISTRIBUTOR INC., USA**

Principal Place of Business:  
**1425 N.W. 82ND AVENUE**  
**MIAMI FL 33126**

Mailing Address:  
**1425 N.W. 82ND AVENUE**  
**MIAMI FL 33126-1507**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ZERO 34 REGISTRATION CORP.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 711, SUNTRUST PLAZA**  
**CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0107 and 607.1403, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE  DELETED

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME **P/T/D**

13 OFFICE ADDRESS **Guenther Werner**

14 CITY-STATE-ZIP **1425 N.W. 82nd Avenue**

21 TITLE  Change  Addition

22 NAME **S**

23 STREET ADDRESS **Antonio J. Garcia**

24 CITY-STATE-ZIP **1425 N.W. 82nd Avenue**

31 TITLE  Change  Addition

32 NAME **Miami, FL 33126**

33 STREET ADDRESS

34 CITY-STATE-ZIP  Change  Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP  Change  Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP  Change  Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that all information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or application and report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent 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:

**Antonio J. Garcia, Secretary 01/17/97 (305) 441-1776**

CR2E034 (9/96)

