

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90189 024 \*\*\*150.00

U126406

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000058127**

1. Corporation Name  
**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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/10/1996**

4. FEI Number  
**65-0680700**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 2200 NW 92 Avenue**

2a. Mailing Address  
**26 2200 NW 92 Avenue**

22 Suite, Apt. #, etc.

23 City & State  
**Miami, FL**

24 Zip **33172** 25 Country **USA**

27 Suite, Apt. #, etc.

28 City & State  
**Miami, FL**

29 Zip **33172** 30 Country **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>WERNER, GUENTHER</b>	
STREET ADDRESS	<b>1425 NW 82ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARCIA, ANTONIO J</b>	
STREET ADDRESS	<b>1425 NW 82ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Werner, Guenther</b>	
1.3 STREET ADDRESS	<b>2200 NW 92 Avenue</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL</b>	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McDonough, Christopher</b>	
2.3 STREET ADDRESS	<b>2200 NW 92 Avenue</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: **Guenther Werner** 2-3-99 305-470-7277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)