

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

FILED

Feb 10 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 # P96000075182 (1)

1. Corporation Name:  
TEAM TIRE CORPORATION

Principal Place of Business:  
14315 MAHOGANY COURT  
MIAMI LAKES FL 33014

Mailing Address:  
14315 MAHOGANY COURT  
MIAMI LAKES FL 33014-2633



3. Date Incorporated or Qualified: 09/10/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0695024

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133

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

Signature of new principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: RODRIGUEZ-KRAMER, GUILLERMO  
STREET ADDRESS: 14315 MAHOGANY COURT  
CITY - ST - ZIP: MIAMI LAKES FL 33014

1.1 TITLE ☐ Change ☐ Addition

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

1.2 NAME

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

1.3 STREET ADDRESS

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

1.4 CITY - ST - ZIP

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.1 TITLE ☐ Change ☐ Addition

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.2 NAME

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.3 STREET ADDRESS

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)