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PROFIT CORPORATION ANNUAL REPORT



◆ FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600083574 (9)

FILED Mar 31 1997 8:00am Secretary of State

1. Corporation Name MARTINO TIRE CO. OF THE HAMMOCKS Principal Place of Business Mailing Address 13155 SW 132 AVENUE MIAMI FL 33186 MIAMI FL 33186-5878								
					3. Date incorporated or Qualified 10/10/1996	3a. Dal	te of Last i	Report
2. Principal F	Place of Business	2a. Mailing Address	·		4 FFI Number		A	pplied For
21		26			65-0700818	<u> </u>		lot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required
City & Stal	le	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zφ	Country	Zip	Countr	y	8. This corporation has liability for i	intangible t	ax under	
24	25 9. Name and Address of Cur	29	30		Florida Statutes 10. Name and Address of New Re	Yes		
VII.		Barrelan ullatti	81	Name	-4) Trailly with Flow con At Hote U.S.			
KUKER, HOWARD L 9200 SO. DADELAND BOULEVARD SUITE 508		RD OS	82	Street Add	fress (P.O. Box Number is Not Acceptab	ole)		
MIAMI FL 33156			83					
			84	City		FL	85 Zip	Code
office or agent 1 a	registered agent, or both, in the St am familiar with, and accept the ob	late of Florida. Such change was bligations of, Section 607.0505, F	authorized b lorida Statute	ve-named corp by the corporal ss.	poration submits this statement for the pation's board of directors. I hereby acceptions	pt the appo	ointment a	s registered
SIGNATURE	Signer we sayed or punited name of registeres OFFICERS /	o agent and title il applicable. (NO ANO DIRECTORS	TE Registered Ac		poration submits this statement for the pation's board of directors. I hereby acception and the patient when reinstating and the patient when reinstating and applications and applications are the patient and the patient an	DATE CERS AND	DIRECTO	RS IN 12
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4. 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 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 material and 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Sal Martino

2128A7

255-0855

Daytime Phone #