**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023945

RODRIGUEZ TIRE & WHEEL, INC.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90058 003 \*\*\*150.00



Principal Place of Business Mailing Address					I LOONIDON IKO SUKIN (KUKA DUKAN U	IBNIC BONIN EDIŞB İNKAR INI	IO IONA DIGO: DAN ARDI
1224 1/2 N.W. AVENUE L BELLE GLADE FL 33430  1224 1/2 N.W. AVENUE L BELLE GLADE FL 33430							1
i					DO NOT WR		E
					<ol> <li>Date Incorporated or Qualifed 03/11/1997</li> </ol>	,	
<b>├</b>	Place of Business	2a. Mailing Addre	ess		4. FEI Number		Applied For
21		26			65-0737506	· · · · · · · · · · · · · · · · · · ·	Not Applicable
Suite, Apt. #, etc.  22  City & State  City & State  28			etc.		5. Certifcate of Status Desired	1 1	75 Additional ee Required
			· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zip Country Zip			Country		8. This corporation owes the cur		
24 25 29		30		Personal Property Tax.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New		
001	ODIOHEZ ELLA		81	Name	· · · · · · · · · · · · · · · · · · ·		
	ORIGUEZ, ELIAS		82	Ctroot Add	(D.O. P		
1224-1/2 N.W. AVENUE L				Sileet Aud	ress (P.O. Box Number is Not Accept	able)	
BEL	LE GLADE FL 33430		83				
			84	City	10 1 47 1 72 4 87 1 2 88 1 70 4 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85	Zip Code
44 Discussion	4 4 20			-	poration submits this statement for the		'
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.05	e was authorized by 505, Florida Statutes. (NOTE: Registered Agent		on s board of directors. I hereby accer	of the appointment	as registered
12		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	PSD	☐ DEL	ETE 1.1 TITLE		are apreming	Cha	
NAME	RODRIGUEZ, ELIAS		1.2 NAME	1			,
STREET ADDRESS			1.3 STREET	ADDRESS			f
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CITY-ST	-ZIP	•	• • •	. P
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TITLE		☐ DEL	ETE 3.1 TITLE			☐ Cha	nge Addition
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STREET ADDRESS			5.3 STREET A	NDDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		•	
TITLE		☐ DELE	TE 6.1 TITLE			☐ Char	ge Addition
NAME							
			6.2 NAME				
STREET ADDRESS			6.2 NAME 6.3 STREET A	DORESS .		. :	y I realize.

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.

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V1-27-99