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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034920**

1. Corporation Name

SEDAN TIRES CORPORATION, INC.					ļ			
					[
Out- de- al Di-	- f D i	Mailing Address						HI 1511 H 1
Principal Place of Business Mailing Address								
1480 W. 5TH CT. 1480 W. 5TH CT. HIALEAH FL 33010 HIALEAH FL 33010					İ	•		
THALLANT E SOOT					į	. DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified 04/18/1997		,
Principal Place of Business 2a. Mailing Address			_ · · · · ·		\dashv	4. FEI Number	Apr	olied For
21 26					- 1	AF 0000F00	1	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22	27					5. Certifcate of Status Desired	Fee Re	quired
	City & State City & State					6. Election Campaign Financing	\$5.00	Мау Ве
23	28					Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Cour					8. This corporation owes the current year		
24	25 29 30					Personal Property Tax.		□No
Name and Address of Current Registered Agent				Name		10. Name and Address of New Register	ed Agent	
SANHAN, FELIX			81					
1480 W 5TH CT			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010			83				 	
				City			85 Zip C	ode
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the a				-named	corpora	ation submits this statement for the purpose	of changing its	registered
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.								jistered '
"	m familiar with, and accept the obligat	ions of, Section 607.0303, Florid	a Statutes					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agen	t signature r	required w	hen reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP DELETE 1.1		1,1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP			1.4 CfTY-ST	-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
TITLE	501		2.1 TITLE				☐ Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME			G		1
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	ļ		☐ Change	Addition
TITLE	DV	☐ DELETE	3.1 TITLE				□ Criange	
NAME	SANCHAZ, MIREYA		3.2 NAME					
STREET ADDRESS	1480 W. 5TH CT.		3.3 STREET					
CITY-ST-ZIP	HIALEAH FL 33010	☐ DELETE	3.4. CITY-S	T-ZIP			☐ Change	Addition
TITLE		ריו מברבוב	4.1 TITLE					
NAME	•		4. 2 NAME	LDDDDD				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP			4.4 CITY-S	1+ZIP	1		☐ Change	Addition (
TITLE			5.1 TITLE 5.2 NAME				□ Outside	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			5.3 STREET	VIVIDE66		•		
3 (TELL PROPERTY)								
CITY-ST-ZIP			5.4 CITY-S	- 411	1			

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 composition of 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITYL-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition