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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000072818

1. Corporation MARTINO	O TIRE CO. OF NOB HILL I							
Principal Place	e of Business	Mailing Address				ULLE	1 (1005 1011 1001	•
Principal Place of Business Mailing Address 13155 SW 132 AVENUE 13155 SW 132 AVENUE								
MIAMI FL 33186 MIAMI FL 33186					İ			
	•				DO NOT WRITE	IN THIS SPACE		
					3. Date incorporated or Qualifed			
Ì					08/20/1998			1
2. Principal Place of Business		2a. Mailing Address			4, FEI Number		plied For	li
21		26					t Applicable	ļ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	58.75 √		•
22	*	27			o, builded of the	Fee Re	quirea	
City & State		City & State	~	بمي - سپ	6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes the current	year Intangible		ĺ
24	25	29	30		Personal Property Tax.	☐ Yes	□No	١.
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Reg	Istered Agent		1
h/1 M-41			İ	81 Name				
	ER, HOWARD L		h	82 Street	Address (P.O. Box Number is Not Acceptable	i)		1
9200 SO. DADELAND BLVD.			Į					
	E 508		ſ	83	-			1
Mian	VII FL 33156		ŀ	84 City		85 Zip I	Code	ł
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	by the corpo	pration's board of directors. I hereby accept to	ne appointment as re	gisterea	l ;
SIGNATURE		_			equired when reinstaling)	DATE) (a)
	Signature, typed or printed name of registered age	_				DATE ERS AND DIRECTO	DRS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered /	gent signature i	equired when reinstaling)	DATE		(11/98)
SIGNATURE	Signature, typed or printed name of registered ege-	nt and little if applicable. (NOTE: I	Registered /	gent agnature r	equired when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and little if applicable. (NOTE: I	13. 1.1 TITI 1.2 NA	gent agnature r	equired when reinstaling)	DATE ERS AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D MARTINO, ANSELME	nt and little if applicable. (NOTE: I	13. 1,1 TIII 12 NA/ 1.3 STF	Gent agnature r	equired when reinstaling)	DATE ERS AND DIRECTO Change	DRS IN 12 Addition	R2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP	DEFICERS AND DEFICERS AND DEFICERS AND MARTINO, ANSELME 13155 SW 132 AVENUE MIAMI FL 33186	nt and little if spoplicable. (NOTE: 1) ND DIRECTORS DELETE	13. 1.1 TEI 12 NA 1.3 STE 1.4 CIT	CONTINUENT OF THE PROPERTY OF	equired when reinstaling)	DATE ERS AND DIRECTO Change	DRS IN 12 Addition	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SESIAWIZHREQUIRED

3199

<u>305-255-0855</u>

Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90018 008 ***150.00