Applied For

□No

Zip Code

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL RÉPORT FILED Secretary of State DIVISION OF CORPORATIONS 1999 99 NOV - 1 PM 12: 03 **DOCUMENT # S04618** SECRETARY OF STATE 1. Corporation Name WHEEL ASSEMBLY, INC. Principal Place of Business Mailino Address 717 SW 2ND AVE.R ST MIAMI FE 83130 THE SW 2ND AVER ST MIADREL 33130 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/06/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 225 S. W. 6th Ave 21 2776 N.W 21st TOMAKE 26 65-0221607 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Miami Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Porida 23 MIZmI **Trust Fund Contribution** Added to Fees Ζip Country Country 8. This corporation owes the current year intangible 33130 9. Name and Address of Current Registered Agent Personal Property Tax. 30 Yes 10. Name and Address of New Registered Agent 81 ALVARADO, RAFAEL G. Street Address (P.O. Box Number is Not Acceptable) 724 W. FLAGLER ST. **MIAMI FL 33130** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE DP ALVARADO, RAFAEL G. 12 NAME GUERRERO, RAFAEL G. 225 S.W. 6TH AVE 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF Change NAME STREET ADDRESS 225 S.W. 6th Ave Miami, Fl 33130 CITY-ST-ZIP DELETE TIME Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-ST-ZiP 2.4 CITY-ST-ZIP DELETE TITLE don 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 100003036831--1 -11/09/99--0∰**09**--0∰ CITY-S1-21P 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE NAME ****558.75 ****558.75 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition 8.2 NAME NAME STREET ADDRESS 8.3 STREET ADORESS 6.4 CITY-ST-29P OTY-ST-ZIP

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.

SIGNATURE:

NATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6-21-99 (30 x) 634-70

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