FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S11562** **(3)**

1. Corporation Name

OVI TIRE & AUTO CARE CENTER, INC.

Principal Place of Business	Mailing Address
680 W. 53RD TERR. HIALEAH FL 33012	680 W. 53RD TERR. HIALEAH FL 33012

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **11/08/1990**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-3051833** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNAIZ, BARBARA
6768 N.W. 199TH TERRACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
Name	ARNAIZ, OVIDIO		12 NAME
Street Address	6768 N.W. 199 TERRACE		13 STREET ADDRESS
City-St-Zip	MIAMI FL		14 City-St-Zip
Title	D	☐ DELETE	21 TITLE ☐ Change ☐ Addition
Name	ARNAIZ, BARBARA		22 NAME
Street Address	6768 N.W. 199 TERRACE		23 STREET ADDRESS
City-St-Zip	MIAMI FL		24 City-St-Zip
Title	D	☐ DELETE	31 TITLE ☐ Change ☐ Addition
Name	MAESTRE, PEDRO R.		32 NAME
Street Address	6768 N.W. 199 TERRACE		33 STREET ADDRESS
City-St-Zip	MIAMI FL		34 City-St-Zip
Title	D	☐ DELETE	41 TITLE ☐ Change ☐ Addition
Name	MAESTRE, ANGEL O.		42 NAME
Street Address	6768 N.W. 199 TERRACE		43 STREET ADDRESS
City-St-Zip	MIAMI FL		44 City-St-Zip
Title		☐ DELETE	51 TITLE ☐ Change ☐ Addition
Name			52 NAME
Street Address			53 STREET ADDRESS
City-St-Zip			54 City-St-Zip
Title		☐ DELETE	61 TITLE ☐ Change ☐ Addition
Name			62 NAME
Street Address			63 STREET ADDRESS
City-St-Zip			64 City-St-Zip

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Barbara Arnaiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____