

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S54094** (5)

1. Corporation Name

**TIRE RECOVERY CORPORATION**



Principal Place of Business

Mailing Address

145A W 22ND ST  
#106  
HALEAH FL 33011  
US

15212 SW 148TH CT.  
MIAMI FL 33187-5525  
US

3. Date Incorporated or Qualified  
**05/20/1991**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
**65-0264138**

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

10. Name and Address of New Registered Agent

**CASTILLO, PEDRO I.  
8908 HAMOCKS BLVD.  
#106  
MIAMI FL 33196**

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 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

Signature type (typed, printed, or otherwise) and the name of the signatory.

(NOTE: Registered Agent signature is required when changing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**  
**CASTILLO, PEDRO I.**  
STREET ADDRESS **15212 SW 148TH CT.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**  
**CASTILLO, BERTA**  
STREET ADDRESS **15212 SW 148TH CT.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T**  
**CASTILLO, PEDRO IVAN**  
STREET ADDRESS **8804 SW 149TH AVE.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

**700001921717**  
**-08/14/96--01040--032**  
**\*\*\*225.00**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/96**

**883-4429**

0073516 CP

CR2E034 (3/96)