

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # **S72874** (8)

UNLIMITED TIRES AND SERVICES, INC.

Principal Place of Business: 6150 NW 74 AVE. MIAMI FL 33166  
Mailing Address: 6150 NW 74 AVE. MIAMI FL 33166

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

3. Date incorporated or Qualified <b>08/13/1991</b>	34. Date of Last Report
4. FEI Number <b>63-0276643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ZELAYA, JOSE G.  
6150 N.W. 74 AVENUE  
MIAMI, 33166**

10. Name and Address of New Registered Agent

01 Name	05 State
02 Street Address (P.O. Box Number is Not Acceptable)	06 Zip Code
03 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: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS	
1. NAME	<input type="checkbox"/> DELETE
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> DELETE
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	<input type="checkbox"/> DELETE
9. NAME	
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. TITLE	<input type="checkbox"/> DELETE
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY, ST, ZIP	

14. I, the undersigned, certify that the information reported on this filing is true and correct and that I am not qualified for the corporation stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information reported on this annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This filing is the responsibility of the filer(s) on this report and no one else. I hereby accept the appointment to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: DATE: **4/28/97** (305) 593-0504

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