

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V14108** (7)

1. Corporation Name
TIRE SALES AND SERVICE, INC.

Principal Place of Business: **9184 NW 150TH TERR. MIAMI FL 33016 US**
Mailing Address: ~~9030 W. RIVER DR. STE. 16 MEDLEY FL 33166~~ **8600 NW 6. RIVER DR. Suite 219 Medley, FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/05/1992** 3a. Date of Last Report: **08/11/1994**
4. FEI Number: **65-0316246** 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. 189.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **ACOSTA, JOSE 6867 W 25 CT HIALEAH FL 33016**
10. Name and Address of New Registered Agent: 81 Name [] 82 Street Address (P.O. Box Number is Not Acceptable) [] 83 [] 84 City [] 85 Zip Code [] **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACOSTA, JOSE | 1.2 NAME | |
| STREET ADDRESS | 9184 NW 150TH TERR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMINGUEZ, JAVIER M. | 2.2 NAME | |
| STREET ADDRESS | 19930 NW 86TH CT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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)(a), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____