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 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70581 (6)

1. Corporate Name
WEST MILLER TIRE, CORPORATION

Principal Place of Business	Mailing Address
14716 SW 56 ST MIAMI FL	14716 SW 56 ST MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/13/1992	05/01/1994

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

4. FEI Number: 65-0363683 ☐ 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

7. This corporation has solely for corporate 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
NODA, ROGELIO 14716 SW 56 ST MIAMI FL	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: X Rogelio Noda. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14
01 TITLE: PD 02 NAME: NODA, ROGELIO 03 STREET ADDRESS: 13360 SW 43 ST 04 CITY ST ZIP: MIAMI FL	01 TITLE ☐ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	05 TITLE ☐ Change ☐ Addition 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	09 TITLE ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	13 TITLE ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	17 TITLE ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and true, 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.

SIGNATURE: X Rogelio Noda. (PRESIDENT) DATE (305) 382-7642
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
ROGELIO NODA

0207691 CP