

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # 396941**

**(7)**

1. Corporation Name  
**TONY TRANSMISSION SERVICE, CORP.**



Principal Place of Business

**2350 N W 36TH ST  
 MIAMI FL 33142**

Mailing Address

**2350 N W 36TH ST  
 MIAMI FL 33142-5360**

3. Date Incorporated or Qualified <b>03/01/1972</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-1387785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PEREZ, ANTONIO  
 2350 NW 36TH ST  
 MIAMI FL 33142**

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 Sections 607.0502 and 607.0503, 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: \_\_\_\_\_ (Name of Registered Agent, signature required when running) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11a TITLE	11b NAME	11c STREET ADDRESS	11d CITY, ST, ZIP	<input type="checkbox"/> DELETE
PD	PEREZ, ANTONIO	2350 N.W. 36 STREET	MIAMI FL	
	D	PEREZ, ANTHONY	17428 NW 63RD CT	<input type="checkbox"/> DELETE
		HIALEAH FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 TITLE	12 NAME	12 STREET ADDRESS	12 CITY, ST, ZIP	12a TITLE	12b NAME	12c STREET ADDRESS	12d CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished 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 as changed, or on an attachment with an address.

SIGNATURE: *Antonio Perez* 1/9/97 633-9730  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/96)