

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

01354*

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90039 012 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V33166

1. Corporation Name
AMERICAN TOWING, INC.

| | |
|---|---|
| Principal Place of Business 9550 NORTHWEST 79TH AVENUE BAY 12 HIALEAH GARDENS FL 33016 | Mailing Address 9550 NORTHWEST 79TH AVENUE BAY 12 HIALEAH GARDENS FL 33016 |
|---|---|



DO NOT WRITE IN THIS SPACE

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

| | | |
|---|--|--|
| 3. Date Incorporated or Qualified 05/01/1992 | 4. FEI Number 65-0424469 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | Trust Fund Contribution |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

GROSS, RICHARD W
39 EAST 6TH STREET
HIALEAH FL 33010

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 607.1508, 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CARVAJAL, RODOLFO R. | |
| STREET ADDRESS | 9550 NW 79TH AVE #12 | |
| CITY-ST-ZIP | HIALEAH GARDENS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CARVAJAL, ISABEL R. | |
| STREET ADDRESS | 9550 NW 79TH AVE #12 | |
| CITY-ST-ZIP | HIALEAH GARDENS FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CARVAJAL, ELIZABETH M. | |
| STREET ADDRESS | 9550 NW 79TH AVE #12 | |
| CITY-ST-ZIP | HIALEAH GARDENS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: _____ Date: **3-11-99** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)