

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR 27 PM 4:13****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # H89805****(6)****1. Corporation Name****FUZZ WRECKER SERVICE, INC.****Principal Place of Business****3600 NW 95TH STREET
MIAMI FL 33147****Mailing Address****3600 NW 95TH STREET
MIAMI FL 33147****DO NOT WRITE IN THIS SPACE.****3. Date Incorporated or Qualified
12/12/1985****3a. Date of Last Report
08/09/1994****4. FEI Number
59-2634995****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. 199.032,
Florida Statutes**☒ **Yes** ☐ **No****2. Principal Place of Business****21****Suite, Apt. #, etc.****22****City & State****23****Zip****Country****24****25****2a. Mailing Address****26****Suite, Apt. #, etc.****27****City & State****28****Zip****Country****29****30****9. Name and Address of Current Registered Agent****FERNANDEZ, MARIA
3600 NW 95TH STREET
MIAMI FL 33147****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****Signature, typed or printed name of registered agent and title if applicable.****(NOTE: Registered Agent signature required when resigning)****DATE****12. OFFICERS AND DIRECTORS****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****PD
FERNANDEZ, NELSON
3600 NW 95TH STREET
MIAMI FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****VD
FERNANDEZ, MARIA
3600 NW 95TH STREET
MIAMI FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****SD
FERNANDEZ, RAQUEL
3600 NW 95TH STREET
MIAMI FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**☐ **Change** ☐ **Addition****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 110.07(3)(k), 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 OF REGISTERED AGENT****NELSON FERNANDEZ, PRESIDENT****MAR 21, 1995****305-835-7003****Optional Filing #**