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Mar 11 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 # K15813

(4)

1. Corporation Name  
ALAMO TOWING SERVICE, INC.

Principal Place of Business

P.O. BOX 350205  
MIAMI FL 33135  
US

Mailing Address

P.O. BOX 350205  
MIAMI FL 33135-0205  
US



3. Date Incorporated or Qualified  
02/23/1988

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

21 P.O. Box 350205  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 350205  
Suite, Apt. #, etc.

4. FEI Number

65-0088472

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

22 City & State

MIAMI Florida

27 City & State

MIAMI Florida

23 Zip

33135

Country

DADE

28 Zip

33135

Country

DADE

9. Name and Address of Current Registered Agent

RIVERO, EDELMIRA  
2743 SOUTHWEST FIRST STREET  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name RIVERO EDELMIRA

82 Street Address (P.O. Box Number is Not Acceptable)  
2743 southwest first street

83

84 City MIAMI Florida

FL

85 Zip Code 33135

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 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIVERO, EDELMIRA  
STREET ADDRESS 2743 S.W. 1ST STREET  
CITY- ST- ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 PD  
1.2 NAME RIVERO Edelmiria  
1.3 STREET ADDRESS 2743 SW 1st street  
1.4 CITY- ST- ZIP MIAMI Florida.

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does 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 *[Signature]*

EDELMIRA RIVERO, PRES.

1/10/97

(305) 373-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0195140

CR2E034 (9/96)