

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K17612 (8)

1. Corporation Name  
AUTO LIEN & RECOVERY, INC.



Principal Place of Business  
2609 NE 189 ST. MIAMI, FL 33180  
~~P O BOX 630754~~  
~~MIAMI FL 33163~~

Mailing Address  
2609 NE 189 ST. MIAMI, FL 33180  
~~P O BOX 630754~~  
~~MIAMI FL 33163~~  
US

3. Date Incorporated or Qualified 03/08/1988 3a. Date of Last Record 03/06/1995

2. Principal Place of Business  
21 8181 N.W. 36 ST  
Suite, Apt. #, etc.  
22 SUITE 20A  
City & State  
23 MIAMI FL  
Zip Country  
24 33166 25 USA

2a. Mailing Address  
26 8181 N.W. 36 ST.  
Suite, Apt. #, etc.  
27 SUITE 20A  
City & State  
28 MIAMI FL  
Zip Country  
29 33166 30 USA

4. FEI Number 65-0045622 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

9. Name and Address of Current Registered Agent

PROLI, EDWARD  
486 N.E. 210TH CIRCLE TERRACE  
APT 103  
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name EDWARD PROLI  
82 Street Address (P.O. Box Number is Not Acceptable) 3521 S.W. 126 AVE  
83  
84 City MIAMI FL 85 Zip Code 33175

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 the filing date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME PROLI, EDWARD  
STREET ADDRESS 486 N.E. 210 CIRCLE TER. 3521 S.W. 126 AVE  
CITY-STATE-ZIP MIAMI FL 33175  
TITLE D  
NAME PROLI, EDWARD  
STREET ADDRESS 486 N.E. 210 CIRCLE TER. 3521 S.W. 126 AVE  
CITY-STATE-ZIP MIAMI FL 33175  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

305 597-9970

Date

Daytime Phone #

CR2E034 (12/95)