

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K42478 (3)

1. Corporation Name
TIC-TAC-TOWING, INC.

Principal Place of Business

Mailing Address

2320 N.W. 7 CT.
MIAMI FL 33127

P. O. BOX 352591
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1988

4. FEI Number

65-0095842

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2320 NW 7 CT.

Suite, Apt. #, etc.

City & State

23 Miami FL

Zip

24 33127

Country

25 Dade

2a. Mailing Address

26 2320 N.W. 7 CT.

Suite, Apt. #, etc.

City & State

28 Miami FL

Zip

29 33127

Country

30 Dade

9. Name and Address of Current Registered Agent

ORELLANA, JORGE S
945 NW 32 AVE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

Mayde Orellana

82 Street Address (P.O. Box Number is Not Acceptable)

945 NW 32 AVE.

83

84 City

Miami

FL

85 Zip Code

33125

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

Mayde Orellana

Mayde Orellana

4-29-98

Signature, typed or printed name, of registered agent and title if applicable

(NOT) Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ORELLANA, JORGE S
STREET ADDRESS 945 NW 32 AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Mayde Orellana
1.3 STREET ADDRESS 945 NW 32 AVE.
1.4 CITY-ST-ZIP Miami FL 33125

☐ 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

100002542131
-06/01/98--01051--008
***158.75

14. I 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.

CR2E034 (10/97)