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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ł	MENT # L377 MITED TOWING & AUTO	• •						
Principal Plac	ce of Business	Mailing Address			<u> </u>		DIEN BRUN DIEN	
7536 W 5TH LANE HIALEAH FL 33014		7536 W 5TH LANE			1			
		HIALEAH FL 33014						
					DO NOT WRITE	IN THIS	SPACE	
					3. Date Incorporated or Qualified			
2. Principal F	Place of Business	2a. Mailing Address			12/21/1989 4. FEI Number	· · · ·	1 17	Applied For
21		26		65-0162038		├ ──	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27		5. Certificate of Status Desired		Fee F	Required	
City & State		City & State		6. Election Campaign Financing	P-114		May Be	
Zip	Country	28 Zip	Country		Trust Fund Contribution			to Fees
24	25 29		30		8. This corporation owes or has pa Personal Property Tax due June		urrent year li Yes	ntangible XI No
4-4	9. Name and Address of Cur		[30]		10. Name and Address of New Re			Ισ Ζήινο
	DIAZ, CARLOS A JR		81 Na	ame				
7518 W 5 LANE			82 St	root Addr	ess (P.O. Box Number is Not Acceptat	.lal		
HIALEAH FL 33014			102 31	icel Addit	ess (r.o. box Number is Not Acceptat	ne)		
			83					
			84 Ci	tv		· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
				•		FI	_ ` `	
office or r agent. I a SIGNATURE	registered agent, or both, in the St im familiar with, and accept the ob-		authorized by the orida Statutes.		oration submits this statement for the poor's board of directors. I hereby accepted when reinstating)	DATE.	pointment a	s registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	DIAZ, CARLOS A.		1.2 NAME					
STREET ADDRESS	7516 W 5 LANE	NE		ESS				
CITY-ST-ZIP TITLE	HIALEAH FL St	DELETE	1.4 CITY-ST-ZIP				77	
NAME	DIAZ, AIDA	F" DELCTE	2.1 TITLE 2.2 NAME	-			☐ Change	Addition
STREET ADDRESS	7536 W 5TH LN			ESS				
CITY-ST-ZIP	HIALEAH FL							
TITLE	110 1000 01 7 5	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR	ESS				
CITY-ST-ZIP			3.4. CITY-S1-ZIP					
TATLE		☐ DELETE					Change	Addition
NAME			. 4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDR	ESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE				L Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDR	SS				
CITY-ST-ZIP TITLE			5.4 C(1Y-S1-Z)P				05	4 2.00
NAME			G.1 TITLE G.2 NAME				☐ Change	☐ Addition
STREET ADDRESS			6.2 NAME	·cc				
CITY CT 7ID			6.3 STREET ADDRE	:00				

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.

SIGNATURE: V COLOR STATE OF ST

1-13-98

FILED

Jan 21 1998 8:00am

Secretary of State

NG-4390