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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

03-29-1999 90061 027 ***150.00

Mar 29, 1999 8:00 am Secretary of State

DOCUMENT # M37559

A & M TOWING & WRECKER SERVICES, INC.					I AND ALDRE BARRE ALDRE BEREI ALBER AARE
Principal Place	of Business	Mailing Address			INTE ACOUS DINIC ASOLI NEOLE NEOLE LOOF
13903 SW 90TH	AVENUE	13903 SW 90TH AVENUE			
#E214		#E214		DO NOT WESTERN	THIS SBACE
MIAMI FL 33176 MIAMI FL 33176			DO NOT WRITE IN 1 3. Date Incorporated or Qualifed	INIS SPACE	
US		US		08/27/1986	{
e Bringing Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11040		26 11040	540 176ml	- 59-2721865	Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ز وس ت	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	型。	Country	8. This corporation owes the current year	
24 3319	57 25 4005H	29 3315)	30 ()SH	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
GOMEZ, ANTHONY S					
13903 SW 90TH AVENUE #E214			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176			83 1 C	165F_	
1			84 City W		FL 85 33157
11. Pursuant to the provisions of Sections 607.0502 and adr. 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bothy 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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	- DMATHINIX	July Hust	HONY DI	(mom < 3/2)	24 195
	Signatre, typed of printed name of registered agent		E: Registered Agent signature red	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	DP OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	GOMEZ, ANTHONY S.		1.2 NAME		^
STREET ADDRESS	13903 SW 90TH AVENUE #E2	214	1.3 STREET ADDRESS	11040 SW 1765t	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	MIAMI FL 33157_	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
- STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		F7.01
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		□ percie	4.1 IIILE 4.2 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS :		
CITY-ST-ZIP	I	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ţ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		·

14. 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 of 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 apparaddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305833075/