

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M44600** (8)  
1. Corporation Name  
**ORANGE STATE TOWING SERVICE, CORP.**

Principal Place of Business <b>7300 SW 42 ST MIAMI FL 33155</b>	Mailing Address <b>7300 SW 42 ST MIAMI FL 33155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/09/1987</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>39-2773537</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MONTEAGUDO, FAUSTINO  
11553 SW 7TH STREET  
MIAMI FL 33174**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>TREASURE</b>
NAME	<b>MONTEAGUDO, FAUSTINO</b>	1.2 NAME	<b>CARLOS FERNANDEZ</b>
STREET ADDRESS	<b>11553 SW 7TH ST</b>	1.3 STREET ADDRESS	<b>13230 SW 54TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>RODRIGUEZ, LUIS R</b>	2.2 NAME	
STREET ADDRESS	<b>6235 KENDALLE LKS CIRCLE, #C-236</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>BERNIER, CARLOS</b>	3.2 NAME	
STREET ADDRESS	<b>8700 SW 133 AVE RD, #305-8</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

 **PROCESSED**

4/30/98 305 265-6999

CR2E034 (10/97)