

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004604 (4)

1. Corporation Name

SOUTH FLORIDA TOWING SERVICE, INC.

Principal Place of Business

8235 WEST 18TH LANE ROAD  
HALEAH FL 33014

Mailing Address

8235 W 18 LN RD  
HALEAH FL 33014  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
11/16/1992

3a. Date of Last Report  
04/18/1994

4. FEI Number  
65-0372033

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDIZABAL, NICOLAS  
8235 WEST 18TH LN ROAD  
HALEAH FL 33014

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

PVST  
MENDIZABAL, NICOLAS  
8235 WEST 18TH LN RD.  
HALEAH FL 33014

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
MENDIZABAL, NICOLAS  
8235 WEST 18TH LN RD.  
HALEAH FL 33014

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

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14.4 CITY- ST- ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/24/95

557-6367