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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

. J TORKORK DO HANGE HAND RAND ROLL RAND GAND CAND ROLL BAND CAND CAND DIED HARD

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200004604 (4)

SOUTH FLORIDA TOWING SERVICE, INC.

Dala aliant Dia a		NA Street Andreas			- O FROMADO MAD ADRAD HADAR DONAL DENAR D	ATH OOK ON	/FORDIA BIRK DE	//// <b>010</b> / 100/
Principal Place of Business Mailing Address					<b>\</b>			
8235 WEST 18TH LANE ROAD 6235 W 18 LN RD HIALEAH FL 33014 HIALEAH FL 33014								
THAT THE GOOT		US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
1					11/16/1992			İ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26 16901 S. DIXIE HWY.		HWY.	65-0372033		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27			Continuate of States Desired		Fee Re	equired
L		City & State	<del></del> -		Election Campaign Financing		\$5.00	May Be
23		28 MIAMI, FLORIDA			Trust Fund Contribution			to Fees
L Ziρ	Country		Country		8. This corporation owes or has pa			
24	[25]		30 DADE		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New He	gistered	Agent	
MENDIZABAL, NICOLAS			"	DI Name				
•	35 WEST 18TH LN ROAD		82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
HIALEAH FL 33014			100					
			83					;
			84	City			85 Zip	Code
		·				FL		
11. Pursuant i	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 607.1508, Fiorida Statute of Florida. Such change was an	s, the above uthorized by	<ul> <li>named corporation</li> </ul>	pration submits this statement for the pon's board of directors. I hereby acce	ourpose of	changing it cintment as	ts registered registered
agent. I a	m lamiliar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statules			F		
SIGNATURE		··· - \						
	Signature, typed or printed name of registered ago OFFICERS ANI		Registered Ager	il signature requirer	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	20 IN 40
12.	PVST OFFICERS AND	DELETE	1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFIC	PEUS VIND	Change	Addition
NAME	MENDIZABAL, NICOLAS						C. Cristige	7,004,011
STREET ADDRESS 8235 WEST 18TH LN RD.			1.2 NAME 1.3 Street address					
1	HIALEAH FL 33014		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D	DELETE	21 TITLE	-1P			Change	Addition
NAME	MENDIZABAL, NICOLAS	Detere.	2.2 NAME				La Change	
STREET ADDRESS	8235 WEST 18TH LN RD.		2.3 STREET ADDRESS					}
1 1	MALEAH FL 33014		1					
CITY-ST-ZIP	DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	— · · · · · · · · · · · · · · · · · · ·		3.1 NILE 3.2 NAME	-				Addition
i	i I		3.2 NAME 3.3 STREET	ADDDECC				
STREET ADDRESS	•			1				
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME		C petet	4. 2 NAME				Onungo	
			4. 2 NAME	VDDBCCC				
STREET ADDRESS	1		1	ì				
CITY-ST-ZIP TITLE			4.4 CITY-ST 5.1 TITLE	-zir			Change	Addition
NAME							- 01-01-80	
1 1			5.2 NAME	ADDRESS				
STREET ADDRESS	ì		5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST 6.1 TITLE	· ZIP			Change	Addition
I							- Shorige	La AUMIUI
NAME			6.2 NAME					
STREET ADDRESS		^	6.3 STREET	ADDRESS				

14. Thereby 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 toport or supplemental admual 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 opporation or the received 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 increased or on an utachner the with an indirect.