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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

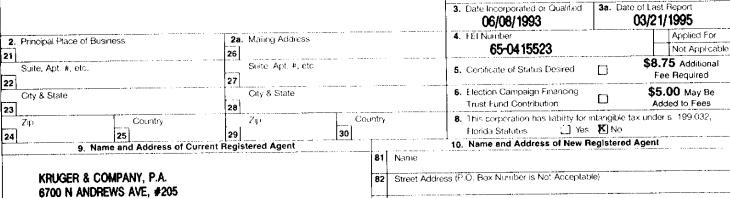
P93000040313 (7)

MIAMI COLLISION CONSULTANTS, INC.

Principal Place of Business 600 SW 8 ST MIAMI FL 33130

Mailing Address

600 SW 8 ST MIAMI FL 33130



FT. LAUDERDALE FL 33309

	10. Name and Address	s of New Registered Age	nt
81	Name		
82	Street Address (P.O. Box Number is No	of Acceptable)	A - A - A - A - A - A - A - A - A - A -
83			
84	Orty	F1 8	5 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 .	gradure, typical contents, brusher or register or agent and the	र अञ्चल करोके किया	IF Federical April \$4 at noticipie d	ores en string DATE
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	Change Addition
NAMÉ	ZARELLA, THOMAS		1.2 NAME	
STREET ADDRESS	600 SW 8 ST		1.3 STREET ADDRESS	
CHTY - ST - ZIP	MIAMI FL 33130		14 City - S* 7/P	
TITLE	D	□ D€LETE	2 1 111LF	Change Addition
NAME	ARCOS X MIS		2.2 NAME	
STREET ADDRESS	#2<#W# 909		2.3 STREET ADDRESS	
City-ST-ZiP	MIAMI XE 23430		2.4 C/TY - ST - Z/P	
TITLE	D	DELFTE	. 3 1 TIFLE	Change Addition
NAME	TUMMINIA, SALVATORE		3.2 NAME	,
STREET ADDRESS	600 SW 8 ST		3.3 STREET ACORESS	
CITY-ST-ZIP	MIAMI FL 33130		3.4 CITY - ST - ZIF	
TITLE	D	DELETE	4 1 THILE	Change Addition
NAME	VERNACE, S J		. 42 NAME	
STREET ADDRESS	600 SW 8 ST		4.3 STREET ACORESS	
C(TY-ST-ZIP	MIAMI FL 33130		4.4.C() y - S(- Z)P	
TITLE		DELETE	5 1 THLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - S1 - ZIP			54 CHY-ST ZIP	
TITLE		☐ DELETÉ	6.1 111118	Change Addition
NAME			6.2 NAMÉ	
STREET ADDRESS			CRISTREET ADDRESS	•
0174 07 719			6.4 CITY - 57 - 7:P	

14. I do hereby certify that the information supplies with this fling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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

Salvatore Tumminia

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)