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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000040313 (7)

MIAMEC	COLLISION CONSULTANT	rs, inc.			
Principal Plac	e of Business	Mailing Address			\$0:54 00 0 10 00180 (HIBU FIBOR 131) (D0)
800 SW 8 ST MIAMI FL 33130		600 SW 6 ST Miami Fl 33130-3308			
				3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 05/01/1998
	Nace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt	# otc.	Suite, Apt. #, etc.		65-0415523	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	С	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	7/p	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
[24]	9. Name and Address of Cu		[30]	10. Name and Address of New Re	
KRU	IGER & COMPANY, P.A.	VV	81 Name	VATORE THIMMINIO	
6700 N ANDREWS AVE, #205			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
FT.1	LAUDERDALE FL 33309		6 000	SW & 4 & ST	
			83		
		84 City Mi	mi F1 3313	ケート 85 Zip Code 33130	
11. Pursuant office or r agent. La	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 607.1508, Florida Statu Itale of Florida. Such change was bligations of Section 607.0505, F	ites, the above-named co authorized by the corpo- lorida Statutes	rporation submits this statement for the p ation's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
					1// m / m in
SIGNATURE	SALVATORE,	TUMMINING	-	- Miller	4/17/97
	SALVATORE Signature type of or punited manne of registeric OFFICERS	d agent and tille if applicable (No.	i. Registelled Agent's gnature req	uired when (Biristating)	4/17/97 DAY
SIGNATURE 12.		·	-	- Miller	4/17/97 DAY
12.	OFFICERS D ZARELLA, THOMAS	AND DIRECTORS	Hegistateo Agent signature req	uired when (Biristating)	DAY. DERS AND DIRECTORS IN 12
12.	OFFICERS D ZARELLA, THOMAS 600 SW 8 ST	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when (Biristating)	DAY. DERS AND DIRECTORS IN 12
12. THEF NAME SHREET ADDRESS CITY-SE ZIF	OFFICERS D ZARELLA, THOMAS 600 SW 8 ST MIAMI FL 33130	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when (Biristating)	DAY CERS AND DIRECTORS IN 12 Change Addition
12. TO F NAME STREET ADDRESS CITY-ST ZIF LILE	D ZARELLA, THOMAS 600 SW 8 ST MIAMI FL 33130	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when (Biristating)	DAY. DERS AND DIRECTORS IN 12
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SIGNATURE: SIGNATURE:

6.4 CMY-S1-ZIP

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information addicated 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