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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996		etary of State F CORPORATIONS		
DOCUN 1. Corporation	MENT # P94	1000034414 (0	D)		
•	OW TOWING, CORP.				
Principal Place of	of Business	Mailing Address			: 30000 00000 1000 0000 91400 1840 EUR 184
3600 NW 24 ST STE C MIAMI FL 33142		3600 NW 24 ST STE C MIAMI FL 33142			
4114071 0 2 447				 Date incorporated or Qualified 05/06/1994 	3a. Date of Last Report 04/24/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	ole	Suite, Apt. #, etc.		65-0488545	Not Applicab \$8.75 Additional
3011e, Apr. #,	, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	This corporation has liability for its corporation as liability for its corporation as liability for its corporation and its corporation are liability for its corporation are liab	Added to rees
4	25	29	30	·	□No
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
MINET	DAREDTA				· · · · · · · · · · · · · · · · · · ·
NUNEZ, ROBERTO 3701 SW 139TH AVE			82 Street	Address (P.O. Box Number is Not Acceptab	le)
MIAMI FL			83		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	ites, the above-named co	prporation submits this statement for the pur	pose of changing its registered offi
or registere familiar with	d agent, or both, in the State , and accept the obligations o	of Florida. Such change was authori. of, Section 607.0505, Florida Statute	ized by the corporation's is.	board of directors. I hereby accept the appx	bintment as registered agent. I am
SIGNATURE	:	.,			
s	ignature, typed or printed name of registe		OTE: Registered Agent's ynature n		DATE
12.	P	RS AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAMé	NUNEZ, ROBERTO		1.2 NAME		
STREET ADDRESS	3701 SW 139TH AVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, CARLOS		2.2 NAME		
STREET ADDRESS	13422 SW 66 TER		2 3 STREET ADDRESS		
CITY-ST-ZIP TIFLE	MIAMI FL 33183	DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE		Change Addition
NAME.	:	Dettert	3.2 NAME		C Algue C Meditor
STREET ADDRESS			3.3 STREFT ADDRESS		
CiTY-ST-ZiP			3.4 CITY - ST- ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME	: :		4.2 NAME		
STREET ADDRESS	!		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
NAME			5. 1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5.4 CITY - ST - ZIP		
10°LE		☐ DELETE	6. 1 TITLE		Change Addition
NAME	!		6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP		P. I. M. A. S. PP.	6.4 CITY - ST - ZIP		07/0/10 51-01-01-01-15
certify that	the information indicated on th	his annual report or supplemental an	inual report is true and ac	alify for the exemption stated in Section 119. courate and that my signature shall have the to this report as required by Chapter 607. File	same legal effect as if made under

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 exporation 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 chapter or on an attachment with an order is

SIGNATURE:

4/16/96 (305)633-6138