

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

**APPROVED  
AND  
FILED**

95 APR 27 AM 7:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Landra B. Marshall  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038448 (4)**

1. Corporation Name

**VELEZ WRECKER SERVICE, INC.**

DO NOT WRITE IN THIS SPACE

Present Place of Business <b>6013 N. LOIS AVE. TAMPA FL 33614 4610 N. CORTAZ AVE TAMPA FL 33614</b>	Mailing Address <b>5013 N. LOIS AVE- TAMPA FL 33614 P.O. BOX 260311-1185 TAMPA FL 33685.</b>
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3. Date Incorporated or Qualified <b>05/18/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3247745</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 190 (1)(3) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**VELEZ, HECTOR F  
5013 N. LOIS AVE.  
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits the 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 of registered agent or president and secretary acceptable) (20)(b) Registered Agent signature required after the date of filing.

12. OFFICERS AND DIRECTORS

TITLE	<b>DIRECTOR</b>
NAME	<b>VELEZ HECTOR F.</b>
STREET ADDRESS	<b>5013 N LOIS AVE.</b>
CITY, ST, ZIP	<b>TAMPA, FL. 33614</b>
TITLE	<b>DIRECTOR</b>
NAME	<b>VELEZ ANA S.</b>
STREET ADDRESS	<b>5013 N. LOIS AVE.</b>
CITY, ST, ZIP	<b>TAMPA, FL. 33614</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes, for the reason that the information is based on an annual report or supplemental annual report or 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 appears in Block 12 of this filing. I have not or on an other report with an address.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 X(13) 872-6525