

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 58

DOCUMENT # P94000063639 (6)

1. Corporation Name
EXPRESS TOWING, CORP.

Principal Place of Business Mailing Address
401 NW 72ND AVE #105 401 NW 72ND AVE #105
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/29/1994 3a. Date of Last Report N/A 1ST TIME FILED

4. FEI Number 05-0515449 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARBALLEIRA, ALBERTO
401 NW 72ND AVE #105
MIAMI FL 33126

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CARBALLEIRA, ALBERTO
STREET ADDRESS 401 NW 72ND AVE #105
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE P/V/D Change Addition
1.2 NAME CARBALLEIRA, ALBERTO
1.3 STREET ADDRESS 401 N.W. 72ND AVE. #105
1.4 CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME CARBALLEIRA, ANTONIO
STREET ADDRESS 401 NW 72ND AVE #105
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE P/A Change Addition
2.2 NAME ANTONIO CARBALLEIRA, IS NOT
2.3 STREET ADDRESS LONGER AN OFFICER OF THE CORP -
2.4 CITY-ST-ZIP RATION AND TO THE EFFECT NO THIS APPLIES
 Change Abolish

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 or Block 13 of this report or in an attachment with an address.

SIGNATURE:  OFFICER, DIRECTOR, RECEIVER, TRUSTEE, OR OTHER TITLE OF SIGNING OFFICER OR DIRECTOR

2/10/95 (305) 342-5511
Date System Phone #