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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90123 003 ***317.15

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # P94000064075
1. Corporation Name
DADE County Towing Corp

Principal Place of Business Mailing Address
1447 SW 131 Ave Same
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. EFT Number
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<u>8-30-94</u>	<u>65-0518670</u>
22. City & State	27. City & State	5. Certificate of Status Desired ☒ <u>\$8.75</u> Additional Fee Required	Applied For ☐ Not Applicable
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐ <u>\$5.00</u> May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<u>Eduardo V. Cruz</u> <u>1447 SW 131 Ave</u> <u>MIAMI FL 33184</u>	81. Name <u>Maria Diaz</u> 82. Street Address (P.O. Box Number is Not Acceptable) <u>1447 SW 131 Ave</u> 83. <u></u> 84. City <u>MIAMI</u> FL 85 <u>33184</u>

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agent for service of process of the corporation. I am a resident of the State of Florida. (If the registered agent is not a resident of the State of Florida, the registered agent must be a resident of the State of Florida or a corporation organized under the laws of the State of Florida.)
SIGNATURE Maria Diaz 4-19-99
Signature of the registered agent and if not approved, the registered agent must be a resident of the State of Florida or a corporation organized under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <u>President</u> ☒ DELETE	1.1 TITLE <u>President</u> ☒ Change ☐ Addition
NAME <u>Eduardo Cruz</u>	1.2 NAME <u>Maria Diaz</u>
STREET ADDRESS <u>1447 SW 131 Ave</u>	1.3 STREET ADDRESS <u>1447 SW 131 Ave</u>
CITY-ST-ZIP <u>MIAMI FL 33184</u>	1.4 CITY-ST-ZIP <u>MIAMI FL 33184</u>
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET 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	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the officer or director of the corporation, or the registered agent or trustee authorized to file this report as required by Chapter 607, Florida Statutes, and that my name is in Block 12 or Block 13 of this report.

SIGNATURE: Maria Diaz 4-19-99
Signature and typed or printed name of signing officer or director

CR2E034 (10/97)