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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000081657 (5) **DOCUMENT #**

H & H TOWING SERVICES, INC.

1 18 AUS AL 118 18181	COLOR DELIG TRACE DESIGNATION	A BLAT TOTAL TIRES	MARI BILLI INNI 1881
L (83361 BHH 1 1821 L831
H A E B (B A I B B B			B 71 8 1 B 184 185 1 184 1
1 		ODIA: HEIDI KIDIB	# 4181 8164 6831 1881

Principal Place of Business Mailing Address) 180110 01 101 10101 E1111 00115 00					
1840 W. 49TH ST., STE, 605 MALEAH FL 33012		1840 W. 49TH ST., STE, 605 HIALEAH FL 33012						
					Date Incorporated or Qualified 3a. Date of Last Report 10/20/1995			
2. Principal Plac	ce of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				65-0420866	9	Not Applicable
Suite, Apt. #	, etc.	Suite, A	Apt. #, elc.		,	5. Certificate of Status Desired	_ \$	8.75 Additional
22		27				•.		Fee Required
City & State		City &	City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28	·B			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	_	Country	1	8. This corporation has liability for Florida Statutes		nder s. 199.032,
24	25	29	3	<u>ol</u>		Florida Statutes Yes 10. Name and Address of New R		
	g. Name and Address of Curre	nt Hegistered A	gent	81	Name	10. Name and Address of New F	egistered Age	
				"				
	NDEZ, HUGO			82 Street Ad		ddress (P.O. Bax Number is Not Acceptable)		
	V. 49TH ST., STE. 605			83	 			
HIALEA	NH FL 33012			0.0				
				64	City		FL '	35 Zip Code
					1	oration submits this statement for the pu		ing its registered office
familiar wit!	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec Signature types or printed rank of registered as	otion 607.0505, F	londa Statutes			and of directors. Thereby accept the app	DATE	
12.		ND DIRECTORS		13.	Tit sagain to respons	ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS IN 12
TITLE	D		DELETE	1 1 1/1/16				Change Addition
NAME	HERNANDEZ, HUGO	_		1.2 NAME				
STREET ADDRESS	1437 W. 42ND ST.			1 3 STREE	1 ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012			1.4 CITY-	ST-ZIP			
TITLE]	DELETE	2 1 TITLE				Change 🔲 Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY-ST-ZIP				2.4 CITY-	ST-ZiP			
TITLE		[DELETE	3 1 TITLE				Change 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				33 STHE	ET ADDRESS			
CiTY -ST - ZIP				3.4 City	S1 - 20F			
TITLE			DELETE	4 1 TITLI			[]	Change 🔲 Addition
NAME				4.2 NAM		المسترار على المسترارينين ومنتر ومنترارين		_
STREET ADDRESS				43 STRE	ET ADDRESS	3000018 -0\$/13/9601	1850	3
CITY-ST-ZIP				4.4 CITY		-02/13/3601		
TITLE		ļ	DELETE	5 1 TITLI		***200.00		Change
NAME				5.2 NAMI				
STREET ADDRESS				5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				5.4 CITY				Change El Addition
TITLE			DEFELE	€ 1 1/11			L	Change
NAME				62 NAM				A SEB
STREET ADDRESS				63 STRE	ET ADDRESS			0196
CITY-ST-ZIP	i e			6.4 City	-ST-ZIP			37-10

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 119.07(3)(k). Florida Statutes. I further certify that the information policated 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 of 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 if changed, or on an attachiment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)