FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000085517 (7)

1. Corporation Name

FLORIDA'S FINEST TOWING, RECOVERY AND WRECKER SE RVICE, INC.

Principal Place of Business

3240 N.E. 2ND AVENUE
FT. LAUDERDALE FL 33334

Mailing Address

3240 N.E. 2ND AVENUE
FT. LAUDERDALE FL 33334

3. Date Incorporated ~~or Qualified~~: 11/07/1995

3a. Date of Last Report

4. FEI Number: 65-0636718

[ ] 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. **Name and Address of Current Registered Agent**

ELKIND, ROGER S
2903 SALZEDO STREET
SUITE 100
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

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 607.1508, 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	[ ] DELETE	1 TITLE	PTD	[X] Change [ ] Addition
NAME	RIVERO, JOSE A		1 NAME	RIVERO, JOSE A	
STREET ADDRESS	% 10357 S.W. 88TH ST. APT. DD1		1 STREET ADDRESS	10357 SW 88th ST APT DD1	
CITY-ST-ZIP	MIAMI FL 33176		1 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VTD	[ ] DELETE	2 TITLE	VSD	[X] Change [ ] Addition
NAME	~~DANIEL, IVAN~~		2 NAME	ESTHER DANIELS	
STREET ADDRESS	% 580 WEST 78TH STREET		2 STREET ADDRESS	580 WEST 78th ST	
CITY-ST-ZIP	HIALAH FL 33104		2 CITY-ST-ZIP	MIALEAH, FL 33104	
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

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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 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 if changed, or on an attachment with an address.

SIGNATURE: Jose A Rivero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #