FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31 1998 8:00am Secretary of State

DOCUMENT # P9600002503 (6) HIGHWAY TOWING, INC.					
Principal Place of Business Mailing Address				* *************************************	BOLLO LICOL BILLI DOLOGO LILL LOGI
	HWEST 107 AVENUE	12220 SOUTHWEST 107	AVENUE		
MIAMI FL 33	176-4737	MIAMI FL 33176-4737		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				01/09/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-063 1389	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Current	29	30	Personal Property Tax due June 30.	X Yes No
		Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
VILLAGELIU, NICOLAS G CPA					
	41 SW 29TH AVENUE AMI FL 33145		82 Street Add	dress (P.O. Box Number is Not Acceptable)	Ì
MI	AMI FE 33 143		63		
			40 00		1-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
			84 City	F	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	tes, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agen		E: Registered Agent signature requ	uirad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	AVILA, RAPHAEL A		12 NAME		
STREET ADDRESS	12220 SOUTHWEST 107 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176-4737		1.4 CITY - ST - ZIP		ĺ
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TETLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	•		3.4. CITY-ST-ZIP		1
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		ł
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		No. Care	5.4 CITY-ST-ZIP		Chapra Addition
TITLE		L.J DELETÉ	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
	certify that the information supplied wit	th this filing does not qualify f		n Section 119.07(3)(i), Florida Statutes, I further	certify that the information

4. 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 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:

RAPHI

RAPHABL A AULLA 3-498

305-2321889

CR2E034 (10/97)