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FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022276 (5)

1. Corporation Name  
SUNSHINE OF MIAMI TOWING INC.



Principal Place of Business

~~5400 N.W. 150 STREET APT. 426  
MIAMI LAKES FL 33014~~

Mailing Address

~~5400 N.W. 150 STREET APT. 426  
MIAMI LAKES FL 33014-6743~~

2. Principal Place of Business

21 1025 N.E. 79 ST.

Suite, Apt. #, etc.

22 MIAMI, FL.

City & State

23

24 33/38

Country

25 USA

2a. Mailing Address

26 1025 N.E. 79 ST.

Suite, Apt. #, etc.

27 MIAMI, FL.

City & State

28

29 33/38

Country

30 USA

3. Date Incorporated or Qualified

03/12/1996

3a. Date of Last Report

4. FEI Number

65-6709806

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

9. Name and Address of Current Registered Agent

GARCIA, JOSEPH

~~5400 N.W. 150 STREET #426  
MIAMI LAKES FL 33014~~

10. Name and Address of New Registered Agent

81 Name

GARCIA JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)

1025 N.E. 79 ST.

83

MIAMI, FL.

84

City

FL

85

Zip Code

33138

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 authorized to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of principal officer or registered agent, and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

3/7/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GARCIA, JOSEPH  
STREET ADDRESS 5400 N.W. 150 STREET #426  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME GARCIA, JOSEPH  
1.3 STREET ADDRESS 1025 N.E. 79 ST.  
1.4 CITY-ST-ZIP MIAMI, FL. 33138

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97 (305) 754-1313

CR2E034 (9/96)