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FILED

Jan 22 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 # P96000042244 (9)

1. Corporation Name
FANTASY TOWING, CORP.



Principal Place of Business

5444 SW 57 AVE.
MIAMI FL 33155

Mailing Address

5444 SW 57 AVE.
MIAMI FL 33155-6351

3. Date Incorporated or Qualified
05/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

FEIN 65-0676228

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

~~FALERO, MARISOL~~
~~5444 SW 57 AVE~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name

SARA FALERO

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

5444 SW 57 AVE

83

84 City

MIAMI

FL

85 Zip Code

33155

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

X Sara Falero

(NOTE: Registered Agent signature required when reinstating)

1-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FALERO, MARISOL
STREET ADDRESS 5444 SW 57 AVE
CITY- ST- ZIP MIAMI FL 33155

☐ DELETE

TITLE Mr
NAME CARLOS FALERO
STREET ADDRESS 5444 SW 57 AVE
CITY- ST- ZIP MIAMI FL 33155

☐ DELETE

TITLE U-P
NAME SARA FALERO
STREET ADDRESS 5444 SW 57 AVE
CITY- ST- ZIP MIAMI FL 33155

☐ DELETE

TITLE Mrs
NAME MARGARET FALERO
STREET ADDRESS 5444 SW 57 AVE
CITY- ST- ZIP MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Mr
1.2 NAME MARISOL AYALA
1.3 STREET ADDRESS 270 NW 107 AVE #202
1.4 CITY- ST- ZIP MIAMI FL 33172

☒ Change ☐ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: X

Sara Falero

1-14-97

Date

Daytime Phone #

CR2E034 (9/96)