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

PROFIT CORPORATION **ANNUAL REPORT**

100 mm



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

P96000072**g**73 DOCUMENT #

A-1 RESCUE, INC.

Principal Place of Business

Mailing Address

FILED 97 APR -2 PM 12: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

3201 N 74 AVE. HOLLYWOOD, FL 33024				32	3201 N 74 AVE.					
HOLLYWO	OD, FL	3302	4	но	LLYWOOD,	FL 33	024			
**										3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/96
2. Principal Pi	ace of Busin	ress	·····	24.	Mailing Addre	\$\$	•			4. FEI Number Applied For
21 4350 NE 6 AVE.			26	4350 NE	6 AVI	£			65-0693244 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22				27	City & Cross					Fee Required
City & State 23 OAKLA	ND PAR	к, ғ	L	28	City & State OAKLAND	PARK,	FL	_		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country				Zip Coun			У		8. This corporation has liability for intangible tax under s. 199.032,
24 333	33334 25 USA				29 33334 30 USA			A		Florida Statutes
9. Name and Address of Current										10. Name and Address of New Registered Agent
GAMIO, JOSEPH								81 Name		ABASCAL, ARTURO A.
	9800 SE						82	2	Street Ac	Address (P.O. Box Number is Not Acceptable) 4350 NE 6 AVE
M.	IAMI, F	וככ תי	.07				83	3		
							84		City	OAKLAND PARK FL 85 Zp Code 33334
11. Pursuant	to the provis	jons of S	ections 607-050)2 and 6	07.1508, Florida	s Statutes,	the abov	/e-	named co	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or r	egistered a	ent, or b	oth, in the State scent the oblid	of Floridations o	da, Such chang f. Section 607.0	e was auth 505. Florid	orized b a Statute	y t es.	he corpo	oration's board of directors. I hereby accept the appointment as registered
1	14	rec	el		,			•		3/31/97
SIGNATURE	STOTATO I 19040	or printed r	ame of registered ag	ent and title	if applicable	(NOTE: A	egisterea Aç	geni	signature re-	required when reinstating) DATE
12.			OFFICERS AN		CTORS		13,	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP				☐ DEL	ETE	1.1 TITLE			T Change Addition
NAME	GAMI	o jos	ЕРН				1.2 NAME			GAMIO, JOSEPH
STREET ADDRESS			84 AVE				1.3 STREE	T A	nnuece i	4350 NE 6 AVE
CITY-ST-ZIP			33189				1.4 CITY-	51		OAKLAND PARK, FL 33334
TITLE	DV	-,	V D L V J		☐ DEL	ETE	2.1 TITLE			DP K Change Addition
NAME		MOGA	OCUALDO				2.2 NAME		[];	ESPINOSA, OLVALDO 4350 NE 6 AVE
STREET ADDRESS	1346	ESPINOSA, OSVALDO 13460 SW 82 ST.					E SECTORCY ADDRESS I		DODGEC I	·· · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAM	Ĭ, FL	~33175				2. 4 CITY	• \$ T	- 691	OAKLAND PARK, FL 33334
TITLE					DEL	ĒTE	3.1 TITLE			DVS ☐ Change [x] Addition
NAME							3.2 NAME	•		ABASCAL, ARTURO A
STREET ADDRESS							3.3 STREE	ET A		4350 NE 6 AVE~
CITY-ST-ZIP							3.4. CMY	- \$1	-ZIP C	OAKLAND PARK, FL 33334
TITLE					DEL	ETE	4.1 TITLE			Change Addition
NAME	· .						4. 2 NAM	E		30090213155302
STREET ADDRESS							4.3 STREE	ET A	DDRESS	****165,00 ****165.00
CITY-ST-ZIP							4.4 CITY-	ST.	- <u>Z</u> IP	****165.UU ****165.00
TITLE					☐ DEL	ETE	5.1 TITLE			☐ Change ☐ Addition
NAME	j				r		5.2 NAME	•	-	
STREET ADDRESS	1			•			5.3 STREE	ET A	LDDRESS	
CITY-ST-ZIP	- ZIP			_	<i>د</i>			5.4 CITY-ST-ZIP		·
TITLE					☐ DE	ETE	6.1 TITLE			Change Addition
NAME							6.2 NAME	E		CAMPI'
STREET ADDRESS							6.3 STRE	ET A	NDDRESS 🎉	A WIN
CITY-ST-ZIP							8.4 CITY		/Y-	(-)// ``
	by certify th	at the info	rmation supple	ed with t	his filling does n	ot qualify f				lated in Section 119.07(3)(i). Florida Statutes, I further certify that the

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. ARTURO A. ABASCAL 3/31/97

TORE AND TYPED OR PRINTED NAME OF BIOWING OFFICER OR DIRECTOR