


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000073674 (9)
1. Corporation Name
LUCKY TOWING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~1500 NORTH EAST 191ST STREET NORTH MIAMI FL 33160~~
Mailing Address: ~~1500 NORTH EAST 191ST STREET NORTH MIAMI FL 33160~~

3. Date Incorporated or Qualified: 09/03/1996

2. Principal Place of Business: 21 560 EAST 34 Street
Suite, Apt. #, etc. 22

4. FEI Number: 65-0693292
Applied For: Not Applicable

2a. Mailing Address: 26 660 EAST 34 Street
Suite, Apt. #, etc. 27
City & State: 23 Hialeah, Florida
City & State: 28 Hialeah, Florida
Zip: 24 33013 Country: 25 MIAMI-DADE
Zip: 29 33013 Country: 30 MIAMI-DADE

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
~~RIBEIRO, DOLORES R.
3570 NE 107 ST.
NORTH MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent:
B1 Name: DOMINGUEZ, Manuel
B2 Street Address (P.O. Box Number is Not Acceptable): 660 EAST 34 Street
B3
B4 City: Hialeah, FL B5 Zip Code: 33013

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSDT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIBEIRO, DOLORES RUIZ		1.2 NAME	
STREET ADDRESS: 3570 N.E. 107TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	
TITLE: V.P.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIBERIO, GUILHERME H.		2.2 NAME	
STREET ADDRESS: 10900 N. BAY ROAD 500		2.3 STREET ADDRESS	
CITY-ST-ZIP: N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE: P.D.	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DOMINGUEZ, Manuel.		3.2 NAME	
STREET ADDRESS: 660 EAST 34 STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33013		3.4 CITY-ST-ZIP	
TITLE: S.O.	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LENA G. VAZQUEZ		4.2 NAME	
STREET ADDRESS: 660 EAST 34 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33013		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. 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: *[Signature]* Manuel Dominguez 1/12/98 (305)806-8817

CR2E034 (1097)