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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State** Secretary of State

03-22-1999 90038 047 \*\*\*150.00

DOCUMENT # P9700036789 Ķ RUBEN TOWING SERVICE CORPORATION Mailing Address Principal Place of Business 7626 W 34 LANE NO 102 7626 W 34 LANE NO 102 HIALEAH FL 33018 HIALEAH FL 33018 DO NOT WRITE IN THIS SPACE 3: Date Incorporated or Qualifed 04/24/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0749007 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible 25 Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ARES, ANA'D 82 Street Address (P.O. Box Number is Not Acceptable) 4080 SW 84 AVE SUITE C ...... 83 **MIAMI FL 33155** 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE PORTIELES, RUBEN 1.2 NAME NAME 7626 W 34 LANE NO 102 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33018 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 2.1 TITLE TITLE MENDEZ, JUIO A-2.2 NAME NAME 7326 W-34 LANE #102 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33018 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE [7] Change ☐ Addition 4.1 TITLE ΠΠE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME. 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TITLE TITI F 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

FURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(11/98)