

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90082 025 ***158.75

DOCUMENT # P97000038532

1. Corporation Name
PROFESSIONAL TOWING & RECOVERY INC.

Principal Place of Business

4326 E. 10 LN.
HIALEAH FL 33010
US

Mailing Address

1001 SW 66 AVE
MIAMI FL 33144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0749672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 ~~1475~~ 1475 PALM AVE

2a. Mailing Address

26 1038 SW 66 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 # 2

City & State

City & State

23 HIALEAH, FL

28 WEST MIAMI, FL

Zip

Country

Zip

Country

24 33010

25 US

29 33144

30 US

9. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS
1414 NW 31 AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name RAFAEL ARTIMES

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

1038 SW 66 AVE # 2

83

84 City WEST MIAMI

FL

85 Zip Code

33144

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)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME RODRIGUEZ, CARLOS
STREET ADDRESS 1414 SW 31 AVE.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☒ Addition
1.2 NAME RAFAEL ARTIMES
1.3 STREET ADDRESS 1038 SW 66 AVE #2
1.4 CITY-ST-ZIP WEST MIAMI, FL. 33144

2.1 TITLE M/V ☐ Change ☒ Addition
2.2 NAME ALEJANDRO PUIG
2.3 STREET ADDRESS 1407 SW 66 AVE
2.4 CITY-ST-ZIP WEST MIAMI, FL. 33144

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

305-2670696
Daytime Phone #

CR2E034 (11/98)

0216374