

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

FILED
Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90007 016 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 97000103014 ✓
 1. Corporation Name
DOMINGO TOWING, INC

| | |
|--|--|
| Principal Place of Business <u>1631 S.W. 5th. Street #5</u> <u>Miami, FL 33135</u> | Mailing Address <u>1631 S.W. 5th. Street #5</u> <u>Miami, FL 33135</u> |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/97

| | |
|---|---|
| 2. Principal Place of Business 21 <u>1730 N.W. 22 St.</u> Suite, Apt. #, etc. | 2a. Mailing Address 26 <u>1730 N.W. 22 St</u> Suite, Apt. #, etc. |
| 22 City & State <u>Miami, FL 33142</u> | 27 City & State <u>Miami, FL 33142</u> |
| 23 Zip Country 25 <u>USA</u> | 28 Zip Country 29 <u>USA</u> |

4. FEI Number
65-0798306 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

9. Name and Address of Current Registered Agent
Domingo E. MESA
1631 S.W. 5 St. #5
Miami FL 33135

10. Name and Address of New Registered Agent
 81 Name DOMINGO E. MESA
 82 Street Address (B.O. Box Number is Not Acceptable)
1730 N.W. 22 St
 83
 84 City Miami FL 85 Zip Code 33142

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 Domingo E. MESA DOMINGO E. MESA 6/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | <u>Officer</u> | <input type="checkbox"/> DELETE |
| NAME | <u>DOMINGO E. MESA</u> | |
| STREET ADDRESS | <u>1631 S.W. 5 St. #5</u> | |
| CITY-ST-ZIP | <u>Miami, FL 33135</u> | |
| TITLE | <u>STAFF</u> | <input checked="" type="checkbox"/> DELETE |
| NAME | <u>ABDEL DE ARMAS</u> | |
| STREET ADDRESS | <u>5217 West 24 Court</u> | |
| CITY-ST-ZIP | <u>Hialeah, FL 33014</u> | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | <u>Officer</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <u>DOMINGO E. MESA</u> | |
| 1.3 STREET ADDRESS | <u>1730 N.W. 22 St.</u> | |
| 1.4 CITY-ST-ZIP | <u>Miami, FL 33142</u> | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Domingo E. MESA DOMINGO E. MESA 6/19/99 (305) 324-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)