

Amendment

~~FILED FOR FILING BY ALBERT MORALES JUN 25 1998 09:55~~

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

99 AUG 16 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074570
 1. Corporation Name
SUPER STAR TOWING & RECOVERING, INC.

Principal Place of Business Mailing Address
**3747 N.W. 50TH STREET
 MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
08/26/98

2. Principal Place of Business 21 3747 N.W. 50TH STREET	2a. Mailing Address 26 Suite, Apt. #, etc	4. FEI Number 65-0859699	Applied For Not Applicable
22 City & State MIAMI, FLA	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33147	25 Country	28 Zip	29 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BOLIVAR DURAN
 1338 WEST 78TH TERRACE
 HIALEAH, FL 33014**

81 Name	82 Street Address (PO Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	11 TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOLIVAR DURAN		12 NAME VIRGILIO J. MORALES	
STREET ADDRESS 18256 MEDITERRANEAN BLV 1406		13 STREET ADDRESS 9541 S.W. 25TH DRIVE	
CITY-STATE-ZIP MIAMI LAKES, FL 33015		14 CITY-STATE-ZIP MIAMI, FL 33165	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	500002964145--8
CITY-STATE-ZIP		24 CITY-STATE-ZIP	-08/19/99--01039--004
TITLE	<input type="checkbox"/> DELETE	31 TITLE	*****61.25 *****61.25
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes, and that the information provided in 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. I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the my name appears in Block 12 or Block 13 in this filing, or in an attachment, with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-99