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

PROFIT CORPORATION ANNUAL REPORT

1997

C(1Y - ST - 7)P

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

96/6)

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01948

(6)

FREDDY'S 76 TOWING, INC. Principal Place of Business Mailing Address 2129 W 76TH ST 2129 W 76TH ST HIALEAH FL 33016 HIALEAH FL 33016-1892 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1990 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0286457 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional N 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALMODOVAR, JUSTO 2129 W. 76TH ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 City Zip Code 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 5 g artire hyphololiprinted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ħ ■ DELETE 1.1 TITLE Change Addition HILE SMYRLES, JAMES J. 1.2 NAME NAME 5865 SW 119TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition DILE 2.1 TITLE **ALMODOVAR JUSTO** 2.2 NAME NAME 19301 NW 8 ST. 2.3 STREET ADDRESS STREET ADORESS PEMBROKE PINES FL 33029 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition HILE 31 TITLE NAME 32 NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-SI-ZIF DELETE Addition Change 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY: ST-ZIF DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY - ST- ZIP DELETE Addition 6.1 TITLE Change 10 UF 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. I do 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 change I, or on an attachment with an address.