FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 20 AM 10:13

DOCUMENT # S11807

1. Corporation Name
Details Wreckers, Inc.

000001435700
-03/22/95--01003--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1513 N.E. 130 St. N. Miami, Fl. 33161	1513 N.E. 130 St. N. Miami, Fl. 33161

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business
21 1513 N.E. 130 St
22 Suite, Apt. #, etc.
23 City & State N. Miami, Fl. 33161
24 Zip 33161 25 Country

2a. Mailing Address
26 1513 N.E. 130 St
27 Suite, Apt. #, etc.
28 City & State N. Miami, Fl. 33161
29 Zip 33161 30 Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Ester Daniel
1817 S. Ocean Dr #524
Hallandale, Fl. 33009

10. Name and Address of New Registered Agent
81 Name Julie Daniel
82 Street Address (P.O. Box Number is Not Acceptable) 580 W. 18 St
83
84 City Hialeah FL 85 Zip Code 33014

11. Pursuant to the provisions of Section 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 Julie Daniel President 3-10-95
Signature of new registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE *President NAME Julie Daniel STREET ADDRESS 580 W. 18 St CITY-ST-ZIP Hialeah, Fl. 33014	1.1 TITLE President 1.2 NAME Julie Daniel 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition
TITLE *Vice President NAME Ester Daniel STREET ADDRESS 1817 S. Ocean Dr. #524 CITY-ST-ZIP Hallandale, Fl 33009	2.1 TITLE Secretary 2.2 NAME Julie Daniel 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition
TITLE *Secretary NAME Julie Daniel STREET ADDRESS 580 W. 18 St CITY-ST-ZIP	3.1 TITLE Vice President 3.2 NAME Ester Daniel 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE *Treasurer NAME Ester Daniel STREET ADDRESS 1817 S. Ocean Dr. #524 CITY-ST-ZIP	4.1 TITLE Treasurer 4.2 NAME Ester Daniel 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Julie Daniel Vice-President 3-10-95 1-305-899-0521
Signature and typed or printed name of individual and capacity of position of officer or director — Date — Daytime Phone #
President 3-10-95 3-20-95