

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

DOCUMENT # S16223

1. Corporation Name
TOWSAFE, INC.

Principal Place of Business
760 W. 20TH STREET
HIALEAH FL 33010-9430

Mailing Address
760 W. 20TH STREET
HIALEAH FL 33010-9430

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/16/1990

4. FEI Number
65-0225348

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2500 W 67 Place

2a. Mailing Address
26 2500 W 67 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 14

27 14

23 Hialeah, FL

28 Hialeah, FL

Zip Country

Zip Country

24 33016

29 33016

30

9. Name and Address of Current Registered Agent

LLORENS, AMADO J.
760 W. 20TH STREET
HIALEAH FL 33010-9430

10. Name and Address of New Registered Agent

81 Name Llorens, Amado J.

82 Street Address (P.O. Box Number is Not Acceptable)
2500 W 67 Place Suite

83 Apt. # 23

84 City Hialeah FL 85 Zip Code 33016

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

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME LLORENS, AMADO J.
STREET ADDRESS 2500 W 67 PL #23
CITY-ST-ZIP HIALEAH FL 33016

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Amado J. Llorens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

305-888-3333
Daytime Phone #

CR2E034 (11/98)