

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 27 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # VO6672 (2)**

1. Corporation Name  
**ROAD RUNNER WRECKER SERVICE, INC.**

Principal Place of Business: **5806 COMMERCE LANE MIAMI FL 33143**  
Mailing Address: **5806 COMMERCE LANE MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/14/1992</b>	3a. Date of Last Report <b>10/14/1994</b>
4. FEI Number <b>65-0314621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Taxation (Check appropriate box) <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>11631 SW 123 Ave</b>	26 <b>11631 SW 123 Ave</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Miami FL</b>	28 City & State <b>Miami FL</b>
24 Zip <b>33186</b>	25 Country <b>Dade</b>
29 Zip <b>33186</b>	30 Country <b>Dade</b>

9. Name and Address of Current Registered Agent <b>CASTELLANO JOSE JR. 7745 SW 86 ST. D-113 MIAMI FL 33143</b>	10. Name and Address of New Registered Agent B1 Name <b>Bibiana Villazon</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>11631 SW 123rd Ave</b> B3 B4 City <b>Miami</b> FL B5 Zip Code <b>33186</b>
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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, in 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]* DATE: **7/8/95**

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE <b>DPT</b>	NAME <b>JOSE CASTELLANO JR.</b>	1.1 TITLE <b>D, P, V, T, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7745 SW 86 ST., D-113</b>	CITY, ST, ZIP <b>MIAMI FL 33143</b>	1.2 NAME <b>Bibiana Villazon</b>	
TITLE <b>VS</b>	NAME <b>BIBIANA VILLAZON</b>	1.3 STREET ADDRESS <b>11631 SW 123 Ave</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7745 SW 86 ST., D-113</b>	CITY, ST, ZIP <b>MIAMI FL 33143</b>	1.4 CITY, ST, ZIP <b>MIAMI, FL 33186</b>	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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: *[Signature]* **Bibiana Villazon** DATE: **7/8/95** (005) 663-4777

CR2E034 (3/95)