03-24-1999 90005 044 \*\*\*150.00

## 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 # 452351

1. Corporation Name

R & M TORRES ENTERPRISES, INC.

			_			
Principal Place	of Business	Mailing Address	ailing Address			I I I I I I I I I I I I I I I I I I I
141 SOUTH 628	ID AVE.	141 SOUTH 62ND A	141 SOUTH 62ND AVE.			·
P.O. BOX 7683		P.O. BOX 7683 (33081)				DO NOT WRITE IN THIS SPACE
HOLLYWOOD FL 33023 HOLLYWOOD			OD FL 33023			
						3. Date Incorporated or Qualifed
		6. 64.77. Address				05/02/1974 4. FEI Number Applied For
	ace of Business	<u></u>	2a. Mailing Address			59-1502415 Not Applicable
21		26 Suite Act # et				\$8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			
— ·	<del>s</del>	28	<del></del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip	· · · · · · · · · · · · · · · · · · ·			This corporation owes the current year Intangible
— ·				30		Personal Property Tax.
24	9. Name and Address of Currer		[30]			10. Name and Address of New Registered Agent
	J. Name and Addition of Control	it itagistored rigoria		81	Name	
TOR	RES, MARY L					
4411 LINCOLN ST.				82 Street Address (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33021					
			l	83		
				84	City	FL 85 Zip Code
	10.007.050	0 10074500 51-33-	Ci	Щ		corporation submits this statement for the purpose of changing its registered
office or f	egistered agent, or both, in the State	of Florida. Such change	was authorized	i by 1	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.050	)5, Florida Statı	utes.		
SIGNATURE						required when reinstating) DATE
	Signature, typed or printed name of registered age	nt and title if applicable  ID DIRECTORS	(NOTE: Registered	Agen	t signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P OFFICERS AN	DELE		n #	1	☐ Change ☑ Addition
TITLE	•		1.2 N			Sec'y/treas
NAME	TORRES, MARY L					Ramon O. Torres
STREET ADDRESS	4411 LINCOLN ST.				ADDRESS	4411 Lincoln St.
CITY-ST-ZIP	HOLLYWOOD FL 33021			TY-ST	r-ZIP	Hollywood, FL 33021 Change Addition
TITLE	VP		I			Change Notation
NAME	TORRES, JENNIFER M		2.2 NA	ME		
STREET ADDRESS	4411 LINCOLN ST				ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	·		ITY-S	T-ZIP ~	
TITLE	•	☐ DELE	ETE. 3.1 TI	ľΕ	ľ	☐ Change ☐ Addition
NAME			3.2 N	ME		
STREET ADDRESS			3.3 \$7	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	
TITLE			ETE 4.1 π	īLE	ĺ	☐ Change ☐ Addition
NAME		•	4.2N	AME	ļ	
STREET ADDRESS	٠.		4.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			4.4 CI	TY-ST	Γ-ZIP	
TITLE		☐ DELE	ETE 5.1 TF	TLE		Change Addition
NAME			5.2 NA	ME	1	,
STREET ADDRESS			5.3 97	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST	r-zip	·
TITLE	PR valing Rate I	☐ DELE	ETE 6.1 17	TLE		☐ Change ☐ Addition
NAMÉ			6.2 N	AME		
STREET ADDRESS	•		6.3 ST	REET	ADDRESS	1

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.

6.4 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR