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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 599121

1. Corporation Name
TORRES CABINET, INC.

Principal Place of Business
 550 WEST 20TH STREET
 HIALEAH FL 33010

Mailing Address
 550 WEST 20TH STREET
 HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1979

4. FEI Number
59-1872922

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

TORRES, FRANCISCO
2304 ALHAMBRA
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81. Name **TORRES, FRANCISCO**

82. Street Address (P.O. Box Number is Not Acceptable)
550 WEST 20th Street

83. City **Hialeah** FL 85. Zip Code **33010**

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 **Francisco Torres** DATE **3/15/1999**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTD TORRES, FRANCISCO**

STREET ADDRESS **2304 ALHAMBRA**

CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE DELETE

NAME **SD TORRES, EUGENIA**

STREET ADDRESS **2304 ALHAMBRA**

CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **PTD TORRES, FRANCISCO**

1.3 STREET ADDRESS **550 WEST 20th Street**

1.4 CITY-ST-ZIP **Hialeah, Florida 33010**

2.1 TITLE Change Addition

2.2 NAME **SD TORRES, EUGENIA**

2.3 STREET ADDRESS **550 WEST 20th Street**

2.4 CITY-ST-ZIP **Hialeah, Florida 33010**

3.1 TITLE Change Addition

3.2 NAME **VP TORRES, FRANK**

3.3 STREET ADDRESS **550 WEST 20th Street**

3.4 CITY-ST-ZIP **Hialeah, Florida 33010**

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: **Francisco Torres** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3/15/1999** DAYTIME PHONE # **(305) 4431919**

CR2E034 (1/198)