

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED

99 FEB 24 PM 11:55

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001758

TORRES FAMILY INVESTMENT COMPANY, LTD.



Mailing Address

135 WEST 49TH STREET
HIALEAH FL 33012

Principal Office Address

135 WEST 49TH STREET
HIALEAH FL 33012

3. Date Formed or Registered

08/13/1997

5a. Capital Contributions as Shown on record

\$590,000.00

3a. Date of Last Report

04/13/1998

5b. Amount of Capital Contributions in FLORIDA to date.

\$725,000

4. State or Country of Formation

FL

6. FEI Number

65-0407411

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

FF \$526.75

9. Name and Address of Current Registered Agent

TORRES, ORLANDO F M.D.
135 WEST 49TH STREET
HIALEAH FL 33012

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

600002785806--1

-02/24/99--01068--009

***1471.25 ***\$26.25

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

ORLANDO F. TORRES AS TRUSTEE

135 WEST 49TH STREET

HIALEAH FL 33012

Dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Orlando Torres

DATE

2-19-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)