DOCUMENT # A9700001758 1. Entity Name TORRES FAMILY INVESTMENT COMPANY, LTD.								FILEO ETARY OF STATE 4 OF CORPORATION	łs	
Principal Place of Business Mailing Address 135 WEST 49TH STREET 135 WEST 49TH STREET HIALEAH FL 33012 HIALEAH FL 33012-3711								R 19 AM 11: 43		(1 000) Aliga (10) (40)
2. Principal P	lace of Busine	ess	3.	Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State City & State							4. FEI Number 65-0407411 Applied For			
Zip Country Zip				Cour	ntry	E Cortificate o	f Status Desired	\$8.75	Not Applicable Additional	
·	S Nome	and Address of Current I	Pagie	tared Agent	<u> </u>			Address of New Register	Fee Re	quired
			regio	tereo Agent		Name	7. Halle alle F	tual coo of the line in the great	<u> </u>	
TORRES, ORLANDO F M.D. 135 WEST 49TH STREET						Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33012										
						City			FL Zip	Code
3. The above	named entity	submits this statement for	the p	ourpose of changing its	register	ed office or regis	tered agent, or both	, in the State of Florida.	L_	
SIGNATURE										
						ed Agent signature requi	ired when reinstating)	11. MAKE CHECK PAY	NE NBLE TO DE	PT. OF STATE
as Shown on record. in FLORIDA to date						SEE REVERSE SIDE FOR FEE INFORMATION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
	NOTE:	General Partners MA	YNC	T be changed on the	he form	i; an amendm	ent must be filed	to change a general	partner.	
12. DOCUMENT#	7	GENERAL PARTNER	INFO	RMATION	13.			ADDRESS CHANGES	ONLY	
NAME		F. TORRES AS TRUS	ΈE		STR	EET ADDRESS			165	
STREET ADDRESS CITY+ST-ZIP	HIALEAH F	49TH STREET FL 33012			cm	/-ST-ZIP	r t	7000324 -05/05/00-	-01097	023
DOCUMENT#					STR	REET ADDRESS		****535.U] *****	* 535.00
NAME STREET ADDRESS						/-ST-ZIP			. _	
CITY - ST - ZIP.					STR	EET ADDRESS		···		<u>-</u>
NAME Street Address					CITY	r-ST-ZIP				
CITY-ST-ZIP DOCUMENT#	 				STE	EET ADDRESS				
NAME Street Address City - ST-ZIP	1				CITY	/-ST-ZIP				
DOCUMENT #					STF	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP					CIT	7-ST-ZBP	···			
DOCUMENT #			_	?	STR	EET ADORESS				
STREET ADDRESS CITY - ST - ZIP		/	/			/-ST-ZIP				
14. I hereby indicated the receiver	certify that the d on this report ver or trustee o	information supplied with t is true and accurate and empowered to execute thi	that f	ny signature shall have yt as required by Chap	the sam iter 620,	ie legal effect as i Florida Statutes	f made under oath;	that I am a General Partn	er of the IIm	ited partnership or
SIGNAT	rune: <u> </u>						o Torres	4.17.2000		<u>) 825-05</u> 01
		SIGNATURE AND TYPED OR	PRINT	D NAME OF SIGNING GENER	AL PARTN	ER 		Date	Daytime Ph	one #