FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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STREET ADDRESS

CITY-ST-ZIP

Jan 28 1998 8:00am FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (2)DOCUMENT # G79842 TOREKY ENTERPRISES, INC. Mailing Address Principal Place of Business 567 N.E. 109 STREET 567 N.E. 109 STREET MIAMI FL 33161 DO NOT WRITE IN THIS SPACE MIAM! FL 33161 3. Date Incorporated or Qualified 01/23/1984 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2411029 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State .. Added to Fees Trust Fund Contribution Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 □ No 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOODY, MARGARET 1520 N.E. 132 ROAD Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL 33161 83 84 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 MARCHEST NICOLY E.A. Margarit among the section of the amord when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change Addition TITLE PSI 1.1 TITLE TOREKY, WANDA NAME 1.2 NAME 567 N.E. 109 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33161** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

FILED

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Block 12 or Block 13 if changed, or on artiattachment with an address. PRESIDENT 1-10-08 305-758-1368

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