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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G94558

(5)

TORANZO DISTRIBUTOR, INC.

## FILED Apr 14 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address						81811 41911 1841
4620 NORTH THATCHER TAMPA FL 33614-7652		4620 NORTH THATCHER						
IAMPA PL 33014-7002		IMPA PL 00014	TAMPA FL 33614-7652			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/04/1984		
2. Principal Pi	ace of Business	2a. Mailing Addre	2a. Mailing Address			4, FEI Number		Applied For
21		26	26			59-2638732		Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, c	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				6. Commente di Ciatta Desired	Fee	Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip Country			Zip Country			Trust Fund Contribution		led to Fees
<b>—</b>	25	29 29	<u>├</u>			8. This corporation owes or has paid the c	urreint year Ves	r Intangible
24	9. Name and Address of Curr		stered Agent			Personal Property Tax due June 30. Lyl Yes L No  10. Name and Address of New Registered Agent		NO
		one regional party		81	Name	10, riamo ana riadição en rios neglecios	- Agont	
TORANZO, EFRAIN L. 4620 N. THATCHER				Ш				
	UN. INVIONER IPA FL 33634			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
1741	IFA FL 33034			83				
				Ш				
				84	City	F	l <sup> 85</sup>   <sup>7</sup>	Zip Code
11. Pursuant f	o the provisions of Sections 607.0	502 and 607.1508, Florida	a Statutes, the a	bove	-named cor	poration submits this statement for the purpose	of changin	ng its registered
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered apoil and first diapplicable (NOTE Registered A						lred when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD DELETE		ETE 1.1 TI	1.1 TITLE			L Chang	ge 🔲 Addition
NAME	TORANZO, EFRAIN L.		1.2 NAME					ļ.
STREET ADORESS	4620 N. THATCHER		1.3 !		ADDRESS			<b>]</b> ;
CITY-ST-ZIP	TAMPA FL 33634			1.4 City-St-ZiP				;
TITLE	8	□ D£L		2.1 TITLE			Chan	ge
NAME	TORANZO, MIREYA		2.21					
STREET ADDRESS	4620 N. THATCHER				ADDRESS			ı
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-ST DELETE 3.1 TOTE		T-ZIP		<del></del>	
TITLE		L) Uti	1		1		☐ Chan	ige Addition
NAME			3.2 N					
STREET ADORESS					ADDRESS			1
CITY-ST-ZIP		DEL		CITY-S	T- ZIP		T Chan	no Addition
TITLE NAME		∟j D£L	ETE 4.1 TI				Chan	ge [] Addition
STREET ADDRESS					ADDRESS			
[					[			1
CITY-ST-ZIP TITLE		T DEL		ITY-SI	- ZIF		☐ Chan	ge Addition
NAME			5.2 N				- Onang	a- D vocation
STREET ADDRESS					ADDRESS			ŀ
CITY+ST-ZIP				IHEET : ITY-SI				
TITLE		DEL			- TH.		Chan	nge Addition
NAME			62 N		1		V	7.000,000
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			<u>6.4 C</u>	ity-și	-ZIP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 eath; 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 eq. an attachment with an address

SIGNATURE:

Tauzo

EFREN L. TORANZO

Syrps

813-875-7346