FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT # 1. Corporation Name	H54272
TORRENTO BROT	THERS CORPORATION

Principal Place of	Business	Ma	ailing Address							
5915 SW 7TH STREET MIAMI FL 33144			5915 SW 7TH STREET MIAMI FL 33144							
							3. Date Incorporated or Qualified			95
2. Principal Place	e of Business	F	, Mailing Address				4. FEI Number 59-2548103			Applied For Not Applicable
Suite, Apt. #, e	etc.	26	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	5 Additional
		27]	City & State				6. Election Campaign Financing	Fee Required _ \$5.00 May Be		
City & State		28					Trust Fund Contribution A			
Zip	Country		Zip	30 Cou	ıntry		This corporation has liability for in Florida Statutes	ntangible ta No	k under s	199.032,
	9. Name and Address of Current	29 Reals	stered Agent		Τ		10. Name and Address of New R	egistered /	gent	
	g, Name and Addition				81	Name				
SANCHEZ, SERGIO			82	82 Street Address (P.O. Box Number is Not Acceptable)						
5915 SW 7TH STREET					83					
MIAM! FL	. 33144				84	City		FL	85 Z	rp Code
			on acon to all first	tee the sh	<u></u>	named comor	ration submits this statement for the purid of directors. I hereby accept the app	mana of ob	anging its	registered offic
SIGNATURE si	gradual, bytes collusted name of registers of Sections of Sections of Sections of Sections of Sections of Sections of Section of Sections	c he and tile	Spplitatio (N	11.		nt signature require	ud when reinstating: ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
IZ.	DPT OFFICERS AND	D DINE	DELETE		TILE				Change	
NAME	SANCHEZ, SERGIO			1.2	NAME					
STREET ADDRESS	5915 SW 7TH STREET			1.3	STREE	T ADDRESS				
CITY - S1 - ZIP	MIAMI FL		CT DULLE			SI-ZIP			Change	e 🔲 Addition
TITLE	DVS		DELETE		TITLE NAME					
NAME STREET ADORESS	SANCHEZ, ROSA MARIA 5915 SW 7TH STREET					T ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4	CITY-	ST - 7IP		.	Change	e [] Addition
TITLE			DELETE		THLE				[] Glany	s [] vocuo.
NAME				- 1	NAME					
STREET ADDRESS						ET ADDRESS -ST-ZIP				
CITY - ST - ZIP TITLE			DELETE		1 TITU				Chang	je 🔲 Addition
NAME				4.2	NAM	E				
STREET ADDRESS				4.3	STRE	ET ADDRESS	2000018	221	42	
CITY-S1-ZIP						- Sī - Z IP	-05/15/9601	U39L	143 Chang	ge 🔲 Additio
TITLE			☐ DETELE		1 TITL	l.	***200.08			
NAME					NAM 9 A STRE	ET ADDRESS				
STREET ADDRESS						- ST-ZIP				
CITY-ST-ZIP TITLE			DELETE		1 TITL				Chang	ge 🔲 Additio
NAME				6.	2 NAM	tī				
STREET ADDRESS				6	3 STAL	EET ADDRESS				
CITY - ST - ZIP			, v			r-ST-ZIP	if at the examption stated in Section 1:	9 07/3/6/	Torida St.	atutes, I further
certify that	by certify that the information supplied I the information indicated on this an I am an officer or director of the corp Block 12 or Block 13 if changed, o	nuai re poratio	on or the receiver or tru	stee empo	nd de ort is were	oes not qualify true and accu ad to execute '	y for the exemption stated in Section 1' trate and that my signature shall have to this report as required by Chapter 607,	Florida Stat	utes; and	i that my name

SIGNATURE:

Pres. 5/3/96 5-19-9039

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