

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K31646 (8)**

1. Corporation Name  
**TOWER MANAGEMENT SERVICES, INC.**



Principal Place of Business: % CLEMENTE L. DELATORRE, 11125 N.W. 62ND AVE, HIALEAH FL 33012  
Mailing Address: % CLEMENTE L. DELATORRE, 11125 N.W. 62ND AVE, HIALEAH FL 33012

3. Date Incorporated or Qualified: **08/24/1988**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **65-0067907**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: State, Apt. #, etc.; City & State; Zip; Country  
22. State, Apt. #, etc.; City & State; Zip; Country  
23. State, Apt. #, etc.; City & State; Zip; Country  
24. State, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent  
**DELATORRE, CLEMENTE L.  
11125 N.W. 62ND AVE  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0002 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 NAME	PD DELATORRE, CLEMENTE L.	<input type="checkbox"/> DELETE
11.2 STREET ADDRESS	11125 N.W. 62ND AVE	
11.3 CITY, ST, ZIP	HIALEAH FL	
11.4 TITLE	STD	<input type="checkbox"/> DELETE
11.5 NAME	DELATORRE, MAGALY	
11.6 STREET ADDRESS	11125 N.W. 62ND AVE	
11.7 CITY, ST, ZIP	HIALEAH FL	
11.8 TITLE		<input type="checkbox"/> DELETE
11.9 NAME		
11.10 STREET ADDRESS		
11.11 CITY, ST, ZIP		
11.12 TITLE		<input type="checkbox"/> DELETE
11.13 NAME		
11.14 STREET ADDRESS		
11.15 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. You 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 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 Block 12 or Block 13 if changed, or on an attached statement with an address.

SIGNATURE: **CLEMENTE L. DELATORRE - PRESIDENT**  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 (305) 821-7668  
Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

CR2E034 (12/95)