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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02413

1. Corporation Name

PEDHO	TURRES AND ASSOCIATES	s, INC.						
Principal Place	of Business	Mailing Address				I (EGIÓRII III ÓBILO 11011 GION 11100	iiti Bibii aram Bieti afai	
C/O PEDRO TO		C/O PEDRO TORRES			Ì			
951 W. 50TH STREET 951 W. 50TH STREET								
HIALEAH FL 33012 HIALEAH FL 33012						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
				,		07/03/1984		
2. Principal Pla	ace of Business	2a. Mailing Address			- [4. FEI Number	<u> </u>	pplied For
21		26				59-2420716		lot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	¥	Additional
22		27						Required
City & State	e ' ^ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	City & State			` [6. Election Campaign Financing	1	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		\	8. This corporation owes the current	·	□No
24	25		10			Personal Property Tax.	X Yes	
-	9. Name and Address of Curren	t Registered Agent	81	Name		0. Name and Address of New Reg	ISTRIBO WASHIT	
TOR	RES PENRO		*'			No changes		
TORRES, PEDRO			82			(P.O. Box Number is Not Acceptable	•)	
951 W. 50TH STREET HIALEAH FL 33012			-	_San	ne R	<u>egistered Agent</u>		
FILAL	EAR FL 33012		83					Ì
			84	City			FL 85 Zip	Code
						the state of the s		te ranietorad -
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								
	Signature, typed or printed name of registered ager		Registered Ager	1 signature re	equired wh	an reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OPS IN 12
12.	OFFICERS AN		13.			S/D/		
	NTD .		44777.5		T V 7			Y X X BAddition I
TITLE	PTD	XXXXXXELETE	1.1 TITLE		TOR	RES. Sara G.	Change	XXXAddition
NAME	SILVIA, CARLOS		1.2 NAME		TOR	RÉS, Sara G.	Change	XXMeddition
}	SILVIA, CARLOS 11610 S.W. 40TH ST.		1.2 NAME 1.3 STREE		TOR 951	RÉS, Sara G. W. 50th St.	; Change	XXXVadition
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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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE Redrolforres, Pres. Director 03=31-1999, 305-821-0080 SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90128 014 ***150.00