SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** M20290 TORNADO TOURNAMENT RODS INC. Mailing Address Principal Place of Business % ROBERTO VILLASANTE **% ROBERTO VILLASANTE** 4802 SW 75TH AVE. 4802 SW 75TH AVE 3a. Date of Last Report 3. Date Incorporated or Qualified MIAMI FL 33155 MIAMI FL 33155 03/28/1995 09/05/1985 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business Not Applicable 59-2619853 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt #, etc \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 032 23 Country Zip Country Yes No Zip Florida Statules 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name VILLASANTE, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 82 4802 SW 75TH AVENUE MIAMI FL 33155 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to office or registers specific or both, by the Star of Florida Such change was authorized by the corporation's board of directors. Thereby agent. I am by his print, and accept the objustions of Section 607.0505. Florida Statutes.

SIGNATURE.

SIGNATURE. nurpose of changing its registered of the appointment as registered (96/8)ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Change ____ Addition 12. DELETE 1.1 10118 CR2E034 PO TITLE 1.2 NAME VILLASANTE SR, ROBERTO NAME 1.3 STREET ADDRESS 4802 SW 75 AVENUE STREET ADDRESS 14 C:TY - ST - ZIP Change Addition **MIAMI FL 33155** CITY-ST-ZIP DELETE 21 III.E TITLE 2.2 NAMi NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIF Change Addition CITY-ST-ZIP DELETE 3.1 DIVE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition CITY - ST - ZIP 4.1 Ti(1.E. DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRÉSS STREET ADDRESS 4.4 CITY - \$1 - ZIP Change Addition CITY-ST-ZIP DELFTE 5.1 TiTLE TITLE 5.2 NAME NAME 5.3 STAFET ADDRESS STREET ADDRESS 5 4 CHTY - \$1 - ZIP Change Addition CITY - ST - ZIP DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do 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 signiature 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 617. Florida Statutes, and that my name appears in Block 13 or Block 13 or on an attachment with an address.