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

PROFIT CORPORATION ANNUAL REPORT

1997

MAKE

TITLE

MAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20290

1. Corporation Name

(6)

TORNADO TOURNAMENT RODS INC.

FILED Jan 14 1997 8:00am Secretary of State

Change

Change

___ Addition

Principal Pla 9 ROBERTO 4802 SW 75TI MIAMI FL 331	H AVE.	Mailing Address % ROBERTO VILLASANTE 4802 SW 75TH AVE. MIAMI FL 33155-4437							
minmi 12 001						3. Date Incorporated or Qualified 09/05/1985		ate of Las 08/1996	
2. Principal	Place of Business	2a. Mailing Address			•	4. FEI Number 59-2619853			Applied For Not Applicable
Suite, Apt	t, #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	25 29 30			intry	<i>y</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	Name and Address of Cur	rent Registered Agent				10, Name and Address of New Re	gistered	Agent	
VILLASANTE, ROBERTO				81	Name				
4802 SW 75TH AVENUE				82	Stroot Ado	dress (P.O. Box Number is Not Accepta	hlal		
MIAMI FL 33155				02	Street Aut	diess (F.O. Box Nutilibal is Not Accepta	DIE/		
1	Will 1 E 33 103			83					
				84	City		FL	85 Z	ip Code
11. Pursuan office or agent. I SIGNATURE					•	poration submits this statement for the ation's board of directors. I hereby acce		f changin cointment	g its registered as registered
	Signature, typed or printed name of registered				ent signature requ	ared when reinstating)	DATE		0000 01 10
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	ÇERS AN		
TITLE	PD	☐ DELETE	1.1 (ITLE				Спал	ge L. Addition
MAME	VILLASANTE SR, ROBERTO		1,2 %	AME					
STREET ADDRESS			7.3 \$	TREET	T ADORESS				
CITY-ST-ZIP MIAMI FL 33155			140	ITY - S	ST- <i>T</i> .P				
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1 11144			۳. ا	TEE	1				,

14. If do hereby certify that the information supplied with this firing 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 changed, or on an attachment with an address.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

☐ DELETE

4.4 CtTY • \$T • ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CiTY-ST-ZiP