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.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

	* 194 MA	
DOCUMENT # 1. Corporation Name	P92000004522 (8)	
FELIX & SUE TORR	ES, INC.	



Principal Place of Business Mailing Address								
343 NE 26T MIAMI FL 3		· ·	eth street					
					v	3. Date Incorporated or Qualified 11/16/1992	3a. Date of La	
2. Principal F	Place of Business	2a. Mailing 26	Address			4. FEI Number 65-0379055	<u> </u>	Applied For Not Applicable
Suite, Apt.	. #, etc	Suite, A	Apt. #, etc			5. Certificate of Status Desired	1 1 7 -	75 Additional e Required
City & Stat	te	City & 5	State	<u></u>		Election Campaign Financing     Trust Fund Contribution		00 May Be ded to Fees
Zip <b>24</b>	Country 25	Z(p 29		Country 30	ý	8. This corporation has liability for ii Florida Statutes	ntangible tax und Yes No	ers 199 032,
	9. Name and Address of Cur	rent Registered Ag	ent			10. Name and Address of New Reg	istered Agent	
34	orres, sue 43 ne 26th street IIAMI FL 33137			81 82 63	Street Add	ress (P.O. Box Number is Not Acceptabl	е)	
				84	City		F1 85	Zıp Code
office or i	to the provisions or sections up to registered agent or both, in the St am familiar with and accept the ob-	ate of Florida, Such ligations of, Section	change was a 607 0505, Fid	uthorized by orida Statutes	the corporali	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changin the appointment.	g its registered as registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
THTLE	PD		DELETE	1 UTIFLE		100110101101101101101011010110101101011010	Char	
NAME	TORRES, FELIX I			1.2 NAME				<del></del>
STREET ADDRESS	343 NE 26TH ST			1.3 STREE	I ADDRESS			
CITY - ST - ZIP	MIAMI FL 33137			1.4 CITY - 5	S1 - ZIP			
TITLE	STD TOPPED OUT O	L	DELETE	2 1 TITLE			Char	ige Addition
NAME COSST ADDRESS	TORRES, SUE C 343 NE 26TH ST			2 2 NAME				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33137			2.3 STREE				
TITLE	MILANI I C 0010/	Т	DELETE	2 4 CITY - 3 1 TITLE	ST-ZIF		Char	nge Addition
NAME		L-	<b>-</b>	3.2 NAME				as Classical
STREET ADDRESS				33 STREE	ADDRESS			
CITY - ST - ZIP			_	34 CITY-	ST ZIP			
TITLE			DELETE	41 III.E			Chai	oge Addition
NAME				4 2 NAME				
STREET ADDRESS				4.3 STREE				
CITY - ST - ZIP TITLE			DELETÉ	4.4 Crity - 5 5.1 TiTLE	SI-ZIP		Char	nga Addebas
NAME		L		5.2 NAME			∟ Char	ige Addition
STREET ADDRESS				5.3 STREET	TADORESS			
CITY-ST-Z:P				5.4 Ci?Y - S				
TITLE		Γ	DELETE	61 TITLE	21 411		Char	nge Addition
NAME		_		6.2 NAME				
STREET ADDRESS				63 STREET	ADDRESS			

64CTY-SI-ZIP

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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

11 96 305-573-6980