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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076761 (4)

1. Corporation Name

TORRES & SAAVEDRA CORPORATION

Principal Place of Business

2956 STATE ROAD 17-92
CASSELBERRY FL 32707

Mailing Address

2956 STATE ROAD 17-92
CASSELBERRY FL 32707-2911

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W
2731 SILVER STAR ROAD
ORLANDO FL 32808-3935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TORRES, JOSE
STREET ADDRESS 2956 STATE ROAD 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SAAVEDRA, YESID
STREET ADDRESS 2956 STATE ROAD 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME TORRES, CARMEN
STREET ADDRESS 2956 STATE ROAD 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME CARLISLE, RONALD
STREET ADDRESS 2731 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32808-3935

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME SAAVEDRA, BRENDA
STREET ADDRESS 2956 STATE ROAD 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0062305

CR2E034 (9/96)