

**CORPORATION  
ANNUAL REPORT  
1995**



DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

**FILED**

95 APR 21 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000082987 (6)**

1. Corporation Name  
**TORRES, INC.**

Principal Place of Business      Mailing Address  
**19324 SW 121ST CT      19324 SW 121ST CT**  
**MIAMI FL 33177      MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified      3a. Date of Last Report  
**11/14/1984**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**

4. FEI Number      Applied For  
**05-0572523**      Not Applicable

22. City & State      27. City & State

5. Total number of shares      \$9.75      Fee Required

23. Zip      Country      28. Zip      Country

6. Election Campaign Financing  
Trust Fund Contribution            \$5.00 May Be Added to Fees

24.      25.      29.      30.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TORRES, BERTHA 19324 SW 121ST CT MIAMI FL 33177</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, BERTHA</b>	1.2 NAME	
STREET ADDRESS	<b>19324 SW 121ST CT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33177</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bert Torres*      4/18/95 (05) 235-1619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Daytime Phone #)