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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090034 (7)

1. Corporation Name
TORRES & MAGRI, INC.

Principal Place of Business	Mailing Address
1500 WEST CYPRESS CREEK ROAD STE. 207 FORT LAUDERDALE FL 33309	P.O. BOX 451123 SUNRISE FL 33345-1123 US

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report: **04/01/1996**
4. FEI Number: **65-0636505** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6261 NW 6th Way	26
Suite, Apt. #, etc. 22 Ste 103	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, Fl	City & State 28
Zip 24 33309 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KAYE & ROGER P.A.
1500 WEST CYPRESS CREEK ROAD STE. 207
FORT LAUDERDALE FL 33309

Address change
Same agent

10. Name and Address of New Registered Agent

81 Name: Kaye & Roger PA.
82 Street Address (P.O. Box Number Is Not Acceptable): 6261 NW 6th Way, Ste 103
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33306

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	T	☐ DELETE	1.1 TITLE	T ☒ Change Address ☐ Addition
NAME	TORRES, ANTHONY		1.2 NAME	Torres, Anthony
STREET ADDRESS	1500 WEST CYPRESS CREEK ROAD STE. 207		1.3 STREET ADDRESS	6261 NW 6th Way, Ste 103
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33309
TITLE	VP	☐ DELETE	2.1 TITLE	VP ☒ Change Address ☐ Addition
NAME	MAGRI, JOSEPH		2.2 NAME	Magri, Joseph
STREET ADDRESS	1500 WEST CYPRESS CREEK ROAD STE. 207		2.3 STREET ADDRESS	6261 NW 6th Way, Ste 103
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33309
TITLE	PCEO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TORRES, HECTOR		3.2 NAME	
STREET ADDRESS	P.O. BOX 451123		3.3 STREET ADDRESS	N/A (Same)
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAGRI, ANTOINETTE		4.2 NAME	
STREET ADDRESS	P.O. BOX 451123		4.3 STREET ADDRESS	N/A (Same)
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TORRES, MARIE		5.2 NAME	
STREET ADDRESS	P.O. BOX 451123		5.3 STREET ADDRESS	N/A (Same)
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	600002133298
STREET ADDRESS			6.3 STREET ADDRESS	-04/04/97--01003--029
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Antoinette Magri Antoinette Magri 4/02/97 (954)717-830