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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011233 (0)

TOR INTERNATIONAL, INC.

1350 WEST 29TH ST

MIAMI BEACH FL 33140

Principal Place of Business Mailing Address						T KORSINDEL IND TOTAL DRIVEL DRIVEL DRIVEN DATE TOTAL TITLE START TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL				
1350 WEST 29TH ST 1350 WEST 29TH ST 1350 WEST 29TH ST MIAMI BEACH FL 33140 MIAMI BEACH FL 33140										
							a. Date of 05/06/ 1	Last Report		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		2a. Maitin 26	g Address	Mil		4. FEI Number 65-0557719	Applied For Not Applicable			
		Suite,			5. Certificate of Status Desired	· ·	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
		City & State			6. Election Campaign Financing Trust Fund Contribution					
Zip 24	Country 25	Ζιρ 29	30	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No				
	g. Name and Address of Cu	rrent Registered /	\gent	Ι		10. Name and Address of New Registe	ered Ager	it		
CHEVALLARD, ENRICO 1350 WEST 29TH ST MIAMI BEACH FL 33140				81	82 Street Address (P.O. Box Number is Not Acceptable)					
				83	City		las	Zip Code		
				04	City		FL 85	Zip Code		
office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida, Suc	h change was authorize	ed by	the corpora	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	ose of cha e appointn	nging its regis nent as registe	stered ered	
Old Fit Olic	Signature, typed or printed name of registere	d agent and little if applica	ible (NOTE Register	ed Age	nt signature req	uired when reinstating) DA	ATE			
				•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
THTLE	DVST		DELETE 1.1	TITLE	ĺ			Change 🔲 A	Additio	
NAME	the state of the s									
SIREET ADDRESS 1350 WEST 29TH ST				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4	C!TY-S	T-ZIP					
TITLE	DP		DELETE 2.1	TITLE				Change A	Additio	
NAME	D'ACQUARONE, CHANTAL	•	2.2	NAME	1					

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3.3 STREET ADDRESS

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY+ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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DELETE

DELETE

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 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIGESTOR

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305-5345221

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Feb 13 1997 8:00am

Secretary of State