## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000041280 (5) DOCUMENT # 1. Corporation Name

**VASQUEZ PEREZ TORRES, INC.** 

Principal Place of Business

Mailing Address



1395 NW 17TH AVENUE UNIT 115 DELRAY BEACH FL 33445			1395 NW 17TH AVENUE UNIT 115 DELRAY BEACH FL 33445						
						Date Incorporated or Qualified     05/25/1995	3a. Date o	of Last F	Report
2. Principal Pla	ice of Business	2a. Maling Addre				4. FEI Number	_		Applied For
1	<u> </u>		26			65-0587139 Not			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	·	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 4	Gountry 25	Zip <b>29</b>	30	ountry		8. This corporation has liability for Florida Statutes	intangible tax ₩No	under s	199.032,
	9. Name and Address of Curren	nt Registered Agent		<u> </u>		10. Name and Address of New F	Registered A	gent	
				81	Name				
TORRES,				82	Street Ac	dress (P.O. Box Number is Not Acceptat	ile)		
	/ 17TH AVENUE UNIT 115								
DELRAY	BEACH FL 33445			83					
				84	City			<b>85</b> 2	ip Code
11 Purcuant t	a the provisions of Sections 607 0000	and 607 1509. Florati	Statutes the a		proced com	oration submits this statement for the pu	FL.	ana ita	ragistared office
or registere	ed agent, or both, in the State of Florid	da. Such change was a	authorized by th	ie cathi	pration's bo	pard of directors. Thereby appept the app	ointment as re	grig its egistere	registered office d agent. Lam
	n, and accept the obligations of, Sect	BOIL BO7. USUS, FIORIDA S	statutes						
Signature: .	Signative, typisation participance of resistence Lagran	as il liter it as quin ait u.	Collib English	ed Ajen	r signature resp	read when not striking	[1ATE		
12.		D DIRECTORS	1;	3.		ADDITIONS/CHANGES TO OFF	ICERS AND D	DIRECT	ORS IN 12
JITLE	PRESIDENT	DELE	TE 1.	1 TITLE				Change	☐ Addition
NAME	RAUL TORRES 4901 SAND DUN W. PALM BEACH		3 A /	2 NAME					
STREET ADDRESS	4901 SAND DUN	IE CIK #	13	3 STHEET	ADDRESS				
DITY-ST-ZIP	W. YYHM BEHCH	FL 33	<i>"   1   1   1   1   1   1   1   1   1   </i>		r 2(2)				
		7 - 00		4 CiT∀+S					
		DELE	↑E 2	1 TITLE				Change	Addition
NAME		□ DELE	↑E 2	1 TITLE 2 NAME				Change	Addition
NAME STREET ADDRESS		DELE	16 2 23 23	1 TITLE 2 NAME 3 STREE:	ADORESS			Change	Addition
NAME Street Address City-St-Zip		□ D€LE	16 2 23 23 24	1 TITLE 2 NAME 3 STREE: 4 CITY+S	ADORESS				
NAME STREET ADDRESS DITY-ST-ZIP TITLE		☐ DELE	TE 2 2 2 2 2 2 2 2 2 2 2 3 3	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE	ADORESS			Change	Addition
NAME Street Address CMY-ST-ZIP TITLE NAME		□ D€LE	1E 2 2 2 2 2 2 2 2 2 2 3 3 2 3 3 2 3 3 2 3	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME	ADORESS I - ZIP				
NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS		□ D€LE	1E 2 2 2 2 2 2 2 3 2 4 3 3 3 3 3 3 3 3 3 3	1 TOTLE 2 NAME 3 STREE: 4 COTY S 1 TOTLE 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS				
NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP		□ D€LE	TE 2 23 24 24 TE 3 32 33 34	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S	ADDRESS T-ZIP ADDRESS			Change	Addition
NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP		☐ DELE	TE 2 24 25 26 27 27 33 34 31 4E 4	1 TOTLE 2 NAME 3 STREE: 4 COTY S 1 TOTLE 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS				
NAME STREET ADDRESS CALY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELE	TE 2 26 27 27 28 31 32 33 4E 4	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME	ADDRESS T-ZIP ADDRESS			Change	Addition
NAME STREET ADDRESS CALY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELE	IE 2 26 27 27 27 27 27 33 34 44 44 44 44	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			Change	Addition
NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ DELE	TE 2 24 25 27 27 28 36 37 37 46 47 47 47 47 47 47	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 4 CITY S 1 TITLE 2 NAME 4 CITY S 1 TITLE 2 NAME 3 STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			Change	Addition
NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELE	IE 2 26 27 29 1E 3 36 37 44 46 46 1E 5	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 3 STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			Change	Addition  Addition
NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME		☐ DELE	IE 2 26 27 29 1E 3 36 37 37 4E 4 46 47 1E 5	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 4 CITY S 1 TITLE 2 NAME 4 CITY S 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			Change	Addition  Addition
NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		DELE	IE 2 26 27 29 21 1E 3 32 33 34 44 45 1E 5 56 56	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 4 CITY S 1 TITLE 2 NAME 4 CITY S 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET	ADDRESS  ADDRESS  - 7/P  ADDRESS  - 7-P  ADDRESS			Change	Addition  Addition
NAME  STREET ADDRESS  COLY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  CHY-ST-ZIP		☐ DELE	IE 2 26 27 29 21 1E 3 32 33 34 44 45 1E 5 56 56	1 TITLE 2 NAME 3 STREE: 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET	ADDRESS  ADDRESS  - 7/P  ADDRESS  - 7-P  ADDRESS			Change	Addition  Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME		DELE	TE 2 23 24 24 1E 3 33 34 1E 4 42 43 44 1E 5 53 54 TE 6	1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 1 TITLE 2 NAME 3 STREET 4 CITY S 2 NAME 3 STREET 4 CITY S	ADDRESS  ADDRESS  - 7/P  ADDRESS  - 7-P  ADDRESS			Change Change Change	Addition  Addition  Addition
NAME STREET ADDRESS CMY-ST-ZIP TITLE STREET ADDRESS CMY-ST-ZIP TITLE		DELE	TE 2 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 1 1 1 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	1 DILE 2 NAME 9 STREET 1 OFFY S 1 TITLE 2 NAME 1 STREET 2 NAME 2 NAME 1 STREET 3 STREET 4 DITY S 2 NAME 1 DITY S 1 DITE 2 NAME 1 DITY S 1 DITE 2 NAME 2 STREET 1 DITE 2 NAME 2 STREET 1 DITE 2 NAME	ADDRESS  ADDRESS  - 7/P  ADDRESS  - 7-P  ADDRESS			Change Change Change	Addition  Addition  Addition

certify that the information indicated on this annual replace as it made under oath; that I am an officer or director of the corporation or the receiver or trube empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12-fg:hanged, or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR