

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
 CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # **P95000041280 (5)**

1. Corporation Name

VASQUEZ PEREZ TORRES, INC.

Principal Place of Business

1100 N FL MANGO RD STE C
 WEST PALM BCH FL 33409
 US

Mailing Address

1100 N FL MANGO RD STE C
 WEST PALM BCH FL 33409
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 25 Country 26

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

TORRES, RAUL
 1395 NW 17TH AVENUE UNIT 115
 DELRAY BEACH FL 33445

81 Name

RAUL TORRES

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

600 NOTTINGHAM CIRCLE, APT. 1

83 **W. PALM BEACH**

84 City

FL 85 Zip Code

33463

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

Raul Torres

Signature, by and appointed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-6-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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

Raul Torres

007087

FILED

98 AUG 10 AM 9:43

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

65-0587139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (5/98)

VASQUEZ, PEREZ, TORRES, INC.
1100 N. FL MANGO RD. SUITE C
WEST PALM BEACH, FL 33409-5263
(561) 640-0808

JULY 30, 1998

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR / MADAM :

AFTER BALANCING MY CHECKBOOK, I RELIZED A CHECK ISSUED TO THE FLORIDA DEPT. OF STATE ON JANUARY 16, 1998 CK#1629 IN THE AMOUNT OF \$150.00 WAS STILL OUTSTANDING. I IMMEDIATELY PHONED YOUR ADMINISTRATIVE OFFICE AND SPOKE WITH A MR.TYRONE. HE WAS KIND ENOUGH TO SEND ME ANOTHER ANNUAL REPORT IN THE MAIL, AND INSTRUCTED ME TO RE-ISSUE THE \$150.00 ACCCOMPANIED BY A LETTER ASKING ANY LATE FEES TO BE WAIVED, AS IT APPEARS MY PACKAGE HAD BEEN LOST IN THE SYSTEM. AFTER PULLING SOME RECORDS UP ON THE COMPUTER, MR.TYRONE INFORMED ME THAT MY PACKAGE WAS RECEIVED JUST NEVER PROCESSED. I DID EXACTLY WHAT MR. TYRONE REQUESTED. FORTUNATELY, THIS PACKAGE WAS RECEIVED, HOWEVER, IT WAS RETURNED WITH A LETTER STATING I OWE A LATE FEE IN THE AMOUNT OF \$400.00 WITH NO MENTION OF MY DILEMMA OR WRITTEN REQUEST. I THEN PHONED YOUR OFFICE AGAIN AND HAD THE PLEASURE OF SPEAKING WITH A MISS TREVOR BRUMBLEY WHO INSTRUCTED ME TO SEND MY CHECK & ANNUAL REPORT TO PO BOX NUMBER 6327.

IF THERE IS ANY ADDITIONAL INFORMATION YOU NEED ME TO PROVIDE, PLEASE FEEL FREE TO REACH ME AT THE ABOVE NUMBER BETWEEN THE HOURS OF 7:00 AM - 8:00 PM.

THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

SINCERELY;


RAUL TORRES
PRESIDENT