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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600074127 (7)

TORRES INSTITUTE, INC.

May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1290 E. OAKLAND PARK BLVD. 1290 E. OAKLAND PARK BLVD. SUITE 102-A SUITE 102-A FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 4300 N.W. GO STREE 4300 N.W. 60 STREET 65-0697938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Torres, Eugenio R 1891 SW 81 AVE #209 N LAUDERDALE FL 33068 83 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. Thereby accept the appointment as registered agent, Lam tam to with, and accept the obligations of Poston 697,0505, Florida Statutes. atutes / OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 UTU F Torres, Eugenio R NAMÉ 1.2 NAME 1891 SW 81 AVE #209 1.3 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL 33068 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ANDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ___ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 congoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in