

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90200 019 ***150.00

DOCUMENT # P98000037101

1. Corporation Name

TORRES GENERAL WELDING ROLLING DOORS INC.

Principal Place of Business

694 W 28 STREET
HIALEAH FL 33010

Mailing Address

694 W 28 STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1998

4. FEI Number

65-0831056

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1891 E 11 AVE

2a. Mailing Address

26 1891 E 11 AVE

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 HIALEAH

City & State

28 HIALEAH

Zip

24 33010

Country

25 FL

Zip

29 33010

Country

30 FL

9. Name and Address of Current Registered Agent

TORRES, FIDEL
1655 W 44 PLANE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

TORRES FIDEL

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

6907 W 15 AVE

83

HIALEAH FL

84

City

FL

85 Zip Code

33014

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

TITLE PD
NAME TORRES, FIDEL
STREET ADDRESS 1655 W 33 PLANE
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE VD
NAME MEDIAVILLA, LAZARO
STREET ADDRESS 566 W 40 PLANE
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENTE

☐ Change

☐ Addition

1.2 NAME

TORRES FIDEL

1.3 STREET ADDRESS

6907 W 15 AVE

1.4 CITY-ST-ZIP

HIALEAH FL 33014

2.1 TITLE

VD

☐ Change

☐ Addition

2.2 NAME

MEDIAVILLA LAZARO

2.3 STREET ADDRESS

4195 W 9 CT

2.4 CITY-ST-ZIP

HIALEAH FL 33012

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fidel Torres

2/8/99

305-884-0079

Date

Daytime Phone #

CR2E034 (11/98)