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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089124

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TORRES & SUAREZ ENTERPRISES CORPORATION

| <u> </u> | | | | | | | | t imatimat (ii tala) fatti matit matit santi kasan idisa tesar tasa main siar saat |
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| Principal Place of Business Mailing Address | | | | | | | | |
| 543 ROYAL RIDGE STREET 543 ROYAL RIDGE STREET | | | | | | | | |
| ST. VALRICO FL 33594 | | | ST. VALRICO FL 33594 | | | | - | DO NOT WRITE IN THIS SPACE |
| | | | | | | | <u> </u> | 3. Date Incorporated or Qualifed |
| | | | | | | | | l |
| | | | | | | | | 10/19/1998 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number |
| 21 | | | 6 | | | | | Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired 5. Status Desired 5. Certificate of Status Desired 5. Status Desired |
| 22 | | | 27 | | | | | Fee Required |
| City & State | | | City & State | | | | | 6. Election Campaign Financing S5.00 May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | | Zip | Cou | intry | | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | | 30 | | | 1 | Personal Property Tax. Yes No |
| | 9. Name and Address of Currer | | | | | | 1 | 10. Name and Address of New Registered Agent |
| | | | | | 81 | Name | | |
| TORRES, JEREMIAS | | | | | | Control of the contro | | |
| 543 ROYAL RIDGE STREET | | | | | | 2 Street Addres | | ss (P.O. Box Number is Not Acceptable) |
| | ALRICO FL 33594 | | | | 83 | | | |
| | | | | | | | | |
| | • | | | | 84 | City | | 85 Zip Code |
| | <u> </u> | | | _ | | | | FL |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and (| 307.1508, Florida Statul | tes, the a | bove | e-named o | corporat | ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | or Fion | ida. Such change was a f. Section 607.0505, Flo | nutnonze prida Stat | עט נ utes. | ine corpo | Diauons | is board of directors. Thereby accept the appointment as registered |
| | The state of the s | | 1 | | | | ı | t |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title | of applicable. (NOTE | Registered | Agen | t signature re | equired who | when reinstating) DATE |
| 12. | OFFICERS AN | | | 13. | | <u>-</u> | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | ☐ DELETE | 1.1 TI | πE | I | | - Change Addition |
| NAME | FORRES, JEREMIAS | | 1.2 N | 1.2 NAME | | | | |
| | THE BOULL DIDGE STREET | | | 1.3 STREET ADDRESS | | | | |
| STREET ADDRESS | ST. VALRICO FL 33594 | | | | 1.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | | . VALRICO FE 33394 | | _ | | | | ☐ Change ☐ Addition |
| TITLE | , | | | 2.1 TITLE | | l | | |
| NAME | | uarez, eduardo | | 2.2 N | 2.2 NAME | | | |
| STREET ADDRESS | 15120 NATUREWALK DRIVE | | | 2.3 S | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | | 2.40 | ITY-S | T-ZIP | ļ | |
| TITLE | D | | ☐ DELETE | 3.1 T | MLE | | | ☐ Change ☐ Addition |
| NAME . | Suarez, Maribel | | - , | 3.2 N | AME | | | - |
| STREET ADDRESS | 15120 NATUREWALK DRIVE | | | 3.3 S | TREET | ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | | 34.0 | :ITY-S | T-ZIP | İ | |
| TITLE - | | • | ☐ DELETE | 4.1 T | | | · | ☐ Change ☐ Addition |
| | | | _ | - 1 | IAME | | | |
| NAME | | | | ı | | ADDRESS | | |
| STREET ADDRESS | | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | ☐ DELETE | _ | TY-S | i-ZIP | <u> </u> | ☐ Change ☐ Addition |
| TITLE | | | | 5.1 T | | . } | 1 | , |
| NAME | | | | 5.2 N | | [| 1 | • |
| STREET ADDRESS | | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | | | ΠY-S | T-ZIP | | |
| TITLE | | | ☐ DELETE | 6.1 T | TLE | | | Change Addition |
| NAME | | | | 6.2 N | AME | | | |

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

Daytime Phone #

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90026 049 ***150.00