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

DOCUMENT # P98000104852

1. Corporation Name

TORRES PAINTING, CORP.

Principal Place of Business Mailing Address						-)		'I AIRE I I AIR I AII	NA TOBO SERI
951 W 50 STRE	ET	951 W 50 STREET							
HIALEAH FL 33012-3414		HIALEAH FL 33012-3414			DO NOT WRITE IN THIS SPACE				
			_		•	3. Date Incorporated or Qualifed	<u> </u>	31 702	
						12/15/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
21		26				65-0877340		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	dditional
22		27				3. Certificate of Status Desired		Fee Rec	quired
City & Stat	te Te	City & State				6. Election Campaign Financing		\$5.00 N	•
23		. 28		4		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	шy		8. This corporation owes the curre	•		□No
24	25	29	30		····	Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Currer	nt Registered Agent		81	Name	TO. Maine and Address of New IV	egistorea r	·yunt	
TORF	res, pedro		L	\perp					
	W 50 STREET			82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
HIALEAH FL 33012-3414			F	83		·	-		
								T. 1 = -	
1				84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove-	-named corpo	ration submits this statement for the	purpose of (hanging its i	registered
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of Section 607.0505. Ft	authorized orida Statu	by t tes.	he corporation	n's board of directors. I hereby accep	t the appoin	tment as reg	istered
		20000 01, 0000001 007 10000, 1							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered /	\gent	signature required	· · · · · · · · · · · · · · · · · · ·	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	D	☐ DELETE	1.1 ΤΠ	Æ				. ☐ Change	☐ Addition
NAME	TORRES, PEDRO		1,2 NA	Æ					
STREET ADDRESS	951 W 50 STREET		1.3 STF	EET,	ADORESS !				
CITY-ST-ZIP	HIALEAH FL 33012-3414		_	1.4 CITY-ST-ZIP					Addition
TITLE	D	DELETE	2.1 1111					Change	Mudition
NAME	TORRES, SARA G		2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012-3414	☐ DELETE	2. 4 CIT		r-zip			Change	Addition
-TITLE ~	•	T DETEIR	3.1 TITL		-			CI citaliae	
NAME			3.2 NAM						
STREET ADDRESS	4				ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL		-ZIP			Change	Addition
TITLE			4.1 III				1	CJ onungo	
NAME	•				ADODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP		☐ DELETE	4.4 CIT 5.1 TITI		-2117	·		Change	Addition
TITLE		Dest./_	5.1 IIII						
NAME					ADORESS				
STREET ADDRESS			5.4 CIT		1				
CITY-ST-ZIP		☐ DELETE	6.1 TITL		-			Change	Addition
HILE	T. Control of the con				1				_

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90128 015 ***150.00