

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V40124 (2)

1. Corporation Name

RONALD R. TORRES, P.A.



Principal Place of Business

Mailing Address

1120 E. HALLANDALE BCH BLVD.
~~1880 N UNIVERSITY DR~~
HALLANDALE FL 33009
US

1120 E. HALLANDALE BEACH BLVD.
~~1880 N UNIVERSITY DR~~
HALLANDALE FL 33009
US

2. Principal Place of Business

2a. Mailing Address

21 1120 E. Hallandale Beach Blvd. 27 1120 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

28 City & State

23 Hallandale, FL

28 Hallandale, FL

24 Zip 33009 25 Country USA

29 Zip 33009 30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

07/31/1995

4. FEI Number

65-0341257

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D.P.
NAME TORRES, RONALD R.
STREET ADDRESS 1120 E. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL

☐ DELETE

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CITY-ST-ZIP

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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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

Ronald R. Torres, President/Director 3/18/96 (954) 831-8924

CR2E034 (12/95)