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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V73173** (9)

1. Corporation Name
TOR-CAN CONSTRUCTION, INC.



Principal Place of Business

**6272 S. DIXIE HIGHWAY
MIAMI FL 33143**

Mailing Address

**417 E SHERIDAN ST
DANIA FL 33004-4603
US**

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

2a. Mailing Address

21 **417 E. SHERIDAN ST.**

26 Suite, Apt. #, etc.
///

22 **///**

27 **///**

23 **DANIA FL.**

28 City & State

24 **33004** 25 **US**

29 Zip Country

4. FEI Number
65-0383229

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KABATZNIK, CLIVE
10241 S.W. 136 ST.
MIAMI FL 33176**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ZEN, LUCIANO**
STREET ADDRESS **417 E SHERIDAN ST, SUITE 111**
CITY-ST-ZIP **DANIA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ZEN, ROBERTO**
STREET ADDRESS **417 E SHERIDAN STREET, SUITE 111**
CITY-ST-ZIP **DANIA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KABATZNIK, CLIVE**
STREET ADDRESS **6272 S. DIXIE HIGHWAY**
CITY-ST-ZIP **MIAMI FL 33143**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2665 S. Bayshore Dr Ste 700**
3.4 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

ROBERTO ZEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/97 (954) 927-9888
Date Daytime Phone #

CR2E034 (9/96)