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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 513577

(7)

TOLEDO RESTAURANT EQUIPMENT CO.

Principal Place of Business

Mailing Address

RSS WEST FLAGIFR

853 WEST FLAGIER

FILED								
May 09 1997 8:00am								
Secretary of State								



MIAMI FL 3313		MIAMI FL 33130-1221						
						3. Date Incorporated or Qualified 09/17/1976	3a, Date of L	
•	lace of Business	l in	2a. Mailing Address			4. FLI Number	Applied For	
Suite, Apt.	# etc		Suite, Apt. #, etc.			59-1847252   Not Applicable		
22	# <sub>1</sub> 610.	27	h1			5. Certificate of Status Desired		
City & Stat	8	City & State	City & State			Election Campaign Financing \$5.00 May Be		
23	Country	28				Trust Fund Contribution		
Zip 24	25	29	Oountry 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<u> </u>	9. Name and Address of Co			10. Name and Address of New Registered A				
TOL	EDO, ERASNO			81	Name			
6370 S.W. 16 TERRACE				82	Street Address (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33165							
				83				}
				84	City		FL 85	Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the m familiar with, and accept the c	7.0502 and 607.1508, Florid State of Florida. Such chan obligations of, Section 607.	da Statutes, ti ge was autho 0505, Florida	he above orized by Statutes	named corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of chang it the appointmen	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of register					quised when reinstalling)	DATÉ	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	1.1010000000000000000000000000000000000	- 1 - 1
TITLE	PD TOLEDO, ERASMO	[ DE	1	111111	-		Cha	ange [_] Addition [
NAME OZDECT ADDOCCO	6370 S.W. 18TH TERRACE			1.2 NAME	1000000			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	•	•	1.3 \$18EET 1.4 City - \$1	1			
TITLE	SD	DI 🔲		2.1 TITLE			☐ Cha	ange Addition
NAME	TOLEDO, ONEIDA C.			2.2 NAME				
STREET ADDRESS	6370 S.W. 16TH TERRACE			2.3 STRÉET	ADDRESS	•		1
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-S	1 - 71F			
TITLE		D8		3 1 111LE			∟ Cha	ange [_] Addition
NAME	1:			3.2 NAME	-			
STREET ADDRESS				3.3 STREET	1			
CITY-ST-ZIP		Di		3.4. CITY-S 4.1 TOLE	1-ZIP		Cha	ange Addition
NAME .				4. 2 NAME				
STREET ADDRESS			i i	4.3 STREET	ADDRESS			
CITY-ST-ZIP			I	4.4 CHY-S	1 - ZIP			Ì
TITLE		DI DI	LETE	5.1 TITLE			Cha	ange Addition
NAME				52 NAME				
STREET ADDRESS	1:		1	5 3 STREET	1			ĺ
CITY-ST-ZIP				5.4 C:1Y - S	I - ZIP			T Address
TITLE		00	1	6.1 TITLE			☐ Cha	ange [] Addition
NAME CYPERY ADDRESS				6.2 NAME	ADDDERG			
STREET ADDRESS				6.3 STREET 6.4 CITY-ST	I			
CITY-ST-ZIP				D.4 GHY-8	- 711.			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachmagel with an address