

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90081 009 \*\*\*150.00

DOCUMENT # P95000052453

1. Corporation Name  
OH LA LA TOO, INC.

Principal Place of Business

801 WEST 49 ST  
STE 102  
HIALEAH FL 33012  
US

Mailing Address

801 W 49TH ST  
STE 102  
HIALEAH FL 33012  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

65-0598130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 15420 NW 77 Court

Suite, Apt. #, etc.

22

City & State

23 Miami Lakes, FL

Zip

24 33016

Country Miami -

25 Dade

2a. Mailing Address

26 15420 NW 77 Court

Suite, Apt. #, etc.

27

City & State

28 Miami Lakes, FL

Zip

29 33016

Country Miami -

30 Dade

9. Name and Address of Current Registered Agent

KROCKEL, CARLOS  
801 WEST 49TH ST  
STE 102  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

15420 NW 77 Court

83

84 City

Miami Lakes

FL

85 Zip Code

33016

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

Carlos Krockel, President

4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME KROCKEL, CARLOS  
STREET ADDRESS 801 WEST 49 STREET, SUITE 102  
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME Krockel, Carlos  
1.3 STREET ADDRESS 15420 NW 77 Court  
1.4 CITY-ST-ZIP Miami Lakes, FL 33016

☒ Change

☐ Addition

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

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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.

SIGNATURE:

CARLOS KROCKEL, President

Date

4-27-99

Daytime Phone #

CR2E034 (11/98)

0129481