## 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 # S10979

(0)

EL PALACIO DE LOS JUGUETES, INC.

FILED Apr 16 1997 8:00am Secretary of State



1702 W 68 ST HIALEAH FL 33		1702 W 6	Mailing Address 1702 W 68 ST HIALEAH FL 33014-4437							
							3. Date Incorporated or Qualified 11/06/1990		e of Las 8/199	st Report
2. Principal F	Place of Business	2a. Mailir	ig Address		•		4. FEI Number	·L		Applied For
21		26					65-0231796			Not Applicable
Suite, Apl 22	<b>∌, et</b> ¢.	Suite,	, Apt. #, etc				5. Certificate of Status Desired			5 Additional Required
City & Stat	de		3 State				6. Election Campaign Financing		\$5.0	00 May Be
23		28					Trust Fund Contribution			ed to Fees
Ζφ	Country	Zip		Cour	ntry		8. This corporation has liability for it	ntangible t	ax unde	er s. 199.032,
24	25	29]		30				Yes _		····
***************************************	9. Name and Address of Co	urrent Registered	Agent				10. Name and Address of New Re	istered A	gent	
	ya, Luis				81	Name				
	96 W 72 ST			h	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
HIAI	leah FL 33016									
				1	83					
				· 1	84	City			85 2	ip Code
						•	poration submits this statement for the p	FL		•
SIGNATURE	Stor alies, typed or printed name of nogister	red agent and title Tappics S AND DIRECTORS		OTE: Registered	Ágei	ni signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	ORS IN 12
T81.F	PVST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	11700	LE	<del></del>			Chan	
NAME	MAYA, LUIS			1.2 NAI						•
STREET ADDRESS	0700 W 70 OT		•	13 STF	AE£Ŧ.	ADDRESS				
CHY+SI+ZIP	HIALEAH FL			14 011	Y - \$1	T-ZIP				
			THE RELEASE							ge 🔲 Additio
111.6			DELETÉ	2 1 TIT	LE		**************************************		Chan	
THUS NAME			L_ DELETE	. 21 TITI 22 NAI					Chan	
			L UELETE	2 2 NAI	ME	ADDRESS			Chan	
NAME			L DELETE	2 2 NAI	ME Reet			 	Chan	
NAME STREET ADDRESS			DELETE	22 NAI 23 STF	ME REET IY-S				Chan	ge Additio
NAME STREET ADDRESS CULY - ST - 74P				22 NAI 23 STF 2 4 CII	me Reet Ty-s Le					ge Additio
NAME STREET ADDRESS CHY-SE-789 TRUE				22 NAI 23 STF 2 4 CII 3.1 TITI 3.2 NAI	ME REET TY-S LE ME					ge 🔲 Additio
NAME STREET ADDRESS CHY-ST-789 TRUE NAME			DELETE	22 NAI 23 STF 2 4 CII 3.1 TITI 3.2 NAI	ME REET TY-S ILE ME REET	ST-ZIP  ADDRESS			Chan	
NAME STREET ADDRESS CHY-SY-ZIP THUE NAME STREET ADDRESSS				2 2 NAI 2 3 STF 2 4 CII 3.1 TITI 3.2 NAI 3 3 STF	ME REET LE ME REET TY-S	ST-ZIP  ADDRESS				
NAME STREET ADDRESS CHY-S1-ZP TRUE NAME STREET ADDRESS CHY-S1-ZP			DELETE	22 NAI 23 STF 2 4 CII 3.1 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NA	ME REET LE ME REET ITY-S LE AME	ADDRESS ST-ZIP			Chan	
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE			DELETE	2 2 NAI 23 STF 2 4 CII 3.1 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI	ME REET ITY-S ILE ME REET ITY-S ILE AME	ADDRESS ST-ZIP ADDRESS ADDRESS			Chan	
NAME STREET ADDRESS CHY-ST-749 TOLE NAME STREET ADDRESS CHY-ST-749 TOTE NAME STREET ADDRESS CHY-ST-749			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT	ME REET IY-S ILE ME REET IY-S ILE AME REET	ADDRESS ST-ZIP ADDRESS ADDRESS			Chan	ge Additio
NAME STREET ANOTHES CITY-SE-ZIP TOLE NAME STREET ADDEFSS CITY-SE-ZIP TOLE NAME STREET ADDRESS CITY-SE-ZIP TOLE			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI	ME REET IY-S LE ME REET IY-S ILE REET TY-S ILE	ADDRESS ST-ZIP ADDRESS ADDRESS			Chan	ge Additio
NAME STREET ADDRESS CHY-SE-ZIP TOLE NAME STREET ADDRESS CHY-SE-ZIP TITLE NAME STREET ADDRESS CHY-SE-ZIP TITLE NAME NAME NAME			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	ME REET ILF ME REET ITY-S LE AME REET ITY-S LE	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP			Chan	ge Additio
NAME STREET ADDRESS CUTY-SE-ZRP TOLE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF	ME REET ILE ME REET ILE AME REET ILE REET ILE REET ILE AME REET REET REET	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS			Chan	ge Additio
NAME STREET ADDRESS CUTY-SE-ZRP TOLE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP TOTE NAME STREET ADDRESS CUTY-SE-ZRP			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 5.1 TIT 5.2 NAI 5.3 STF	ME REET ITY-S ILE ME REET ITY-S ILE REET ITY-S ILE REET ITY-S ILE REET ITY-S ILE REET ITY-S	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS			Chan	ge Additio
NAME STREET ADDRESS CHY-SE-ZIP TOLE NAME STREET ADDRESS CHY-SE-ZIP TOTE TOTE TOTE TOTE TOTE TOTE TOTE TOT			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CII 6.1 TIT	ME REET ITY-S ILE AME REET ITY-S ILE AME REET ITY-S ILE IME REET ITY-S ILE	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS			Chan	ge Additio
NAME STREET ADDRESS CHY-ST-ZIP TOLE NAME STREET ADDRESS CHY-ST-ZIP TOTE NAME			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	ME REET ILE ME REET TY-S ILE AME REET TY-S ILE IME REET ILE IME REET IY-S ILE IME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Chan	ge Additio
NAME STREET ADDRESS CHY-SE-ZIP TOLE NAME STREET ADDRESS CHY-SE-ZIP TOTE TOTE TOTE TOTE TOTE TOTE TOTE TOT			DELETE	2 2 NAI 23 STF 2 4 CII 31 TITI 32 NAI 33 STF 34 CII 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	ME REET IY-S ILE ME REET IY-S ILE REET	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Chan	ge Additio

Too Exercity certify that the information supplies 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 and ual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficiency 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 to the need or on an attachment with an address.

**SIGNATURE** 

OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-8-97

(205) 828-1986