

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
7-10
08 MAY - 1 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **386716** (5)

1. Corporation Name
TOYOS DISTRIBUTORS, INC.

Principal Place of Business: **3082 NW 17TH ST MIAMI FL 33125**
Mailing Address: **3082 NW 17TH ST MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/10/1971**
3a. Date of Last Report: **08/02/1994**

4. FEI Number: **59-1359169**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$0.75 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 USFL Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite Apt. #, etc.	26	Suite Apt. #, etc.
22	City & State	27	City & State
23	City	28	City
24	County	29	County
30	City	30	City

9. Name and Address of Current Registered Agent
**TOYOS, MARIA
3082 N.W. 17TH STREET
MIAMI FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State: **FL**

11. Pursuant to the provisions of Sections 607.045 and 607.1508, Florida Statutes, the above named corporation admits the 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 provisions of Sections 607.045 and 607.1508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROJAS, CARMEN L.
STREET ADDRESS	3082 NW 17TH STREET
CITY, STATE, ZIP	MIAMI FL
TITLE	VP
NAME	TOYOS, MARIA J.
STREET ADDRESS	3082 N.W. 17TH STREET
CITY, STATE, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included 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 or changed or was an attachment with an address.

SIGNATURE: *Maria Toyos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95