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**

DOCUMENT # 386716 1. Corporation Name

TOYOS DISTRIBUTORS, INC.

Principal	Place	of	Business

3082 NW 17TH ST MIAMI FL 33125

Mailing Address

3062 NW 17TH ST MIAM! FL 33125

FILED

Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90064 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

00/40/4074

	Marketon .					06/10/19/1			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For		
21	Barrier Barrier	26				59-1359169	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23	e e e e e e e e e e e e e e e e e e e	28				Trust Fund Contribution	Added	- 1	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Inta	angible		
24	[25]	29	30			Personal Property Tax.	Yes	□No	
24)	9. Name and Address of Current I	<u> </u>	1			10. Name and Address of New Registered	gent		
					81 Name				
TOYOS, MARIA									
3082 N.W. 17TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)						
MIAN	, -	•	ŀ	83			3.9.	100	
				"				e en literatura	
				84	City			Code	
	in the contraction of the contra					FL	<u> </u>		
office or re	egistered agent, or both in the State of	Florida. Such change was a	uthorized	i by th	named corpor ne corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	changing its itment as re	registered gistered	
agent. I ar	m familiar with, and accept the obligatio	ons of, Section 607.0505, Flo	rida Statu	ites.				1	
SIGNATURE						when reinstating) DATE			
	Signature, typed or printed name of registered agent a			Agent s	signature required v	ADDITIONS/CHANGES TO OFFICERS AN	n DIRECTO	DS IN 12	
12	OFFICERS AND	DIRECTORS	13.		т	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TILE	VP		1.1 TIT				Criange		
NAME	ROJAS, CARMEN L.		1.2 NA	ME					
STREET ADDRESS	3082 NW 17TH STREET		1.3 ST	REETA	DDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CIT	TY-ST-	ZIP				
TITLE	*P · ·	☐ DELETE	2.1 TIT	ΠĘ			☐ Change	Addition	
NAME Í	TOYOS, MARIA J.		2.2 NA	ME			· · · · · ·	٠	
STREET ADDRESS	AAAA NIM ATTI ATTICT			REET A	DORESS			ļ	
CITY-ST-ZIP	MIAMI FL		2.4 CI	TY-ST-	ZIP				
TITLE	200	☐ DELETE	3.1 TIT				Change	Addition	
NAME	SE TOP		3.2 NA	MF					
					DDRESS				
STREET ADDRESS		•							
CITY-ST-ZIP		☐ DELETÉ	4,1 TIT	TY-ST-	·ur		☐ Change	Addition	
TITLE									
NAME			4. 2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-	ZIP		Chance		
TITLE		☐ DELETE	5.1 TIT				Change	Addition	
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REETA	ADORESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP				
TITLE	7.0	☐ DELETE	6.1 TII	TLE			☐ Change	☐ Addition	
NAME	Company of the Company		6.2 NA	WE.					
STREET ADDRESS	•		6.3 ST	REETA	ADDRESS				
	¥		6.4 CIT	TY-ST-	zip				
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for				ection 119.07(3)(i), Florida Statutes. I further cer	tify that the	information	

Indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 113.07(3)(i), Florida Statutes. Indicate certain that 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.