

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 17 PM 1:17

**DOCUMENT # 406109 (9)**

1. Corporation Name  
**TOCHE, INC**

Principal Place of Business      Mailing Address  
**2469 NW 21ST TER**      **2469 NW 21ST TER**  
**MIAMI FL 33142**      **MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1972</b>	3a. Date of Last Report <b>01/20/1994</b>
7. FEI Number <b>59-1411891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>ALVAREZ, JOSE M.</b> <b>3040 NW 15 ST.</b> <b>MIAMI FL 33142</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent)  
Signature of Registered Agent (Required)      Signature of Registered Agent (Required)      (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>ALVAREZ, JOSE M.</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>3040 NW 15 ST.</b>	CITY, ST, ZIP <b>MIAMI FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE <b>S</b>	NAME <b>ALVAREZ, CELINA ROSA</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>3040 NW 15 ST.</b>	CITY, ST, ZIP <b>MIAMI FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      **1/11/95**      **305-633-0175**  
Date      Telephone No.