

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 *AMENDED*

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Jun 20 1997 8:00am
19 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519949
1. Corporation Name
TOYU SERVICE Inc.

Principal Place of Business: 9325 W. OKEECHOBEE BAY #10, HIA LEAH GARDENS FL. 33016
Mailing Address: 9325 W. OKEECHOBEE BAY #10, HIA LEAH GARDENS FL. 33016

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

3. Date Incorporated or Qualified: 12/09/1976
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1943347
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
POLLARD, Jerome N
17150 N.W. 42 PL.
MIAMI - FL. 33055

10. Name and Address of New Registered Agent
81 Name: MARIANO M. CHEVEZ
82 Street Address (P.O. Box Number is Not Acceptable): 6831 Winged FOOT DR
83
84 City: MIAMI FL 85 Zip Code: 33015

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: *Mariano M. Chavez* 6/16/97

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POLLARD, S.	
STREET ADDRESS	17150 N.W. 42 PL	
CITY-ST-ZIP	MIAMI FL.	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POLLARD, JEROME	
STREET ADDRESS	17150 N.W. 42 PL	
CITY-ST-ZIP	MIAMI - FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARIANO M. CHEVEZ	
13 STREET ADDRESS	6831 WINGED FOOT DR	
14 CITY-ST-ZIP	MIAMI - FL 33015	
21 TITLE	V.P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARIA E. CHEVEZ	
23 STREET ADDRESS	6831 WINGED FOOT DR	
24 CITY-ST-ZIP	MIAMI - FL 33015	
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	SCC 6-20-97	

14. I do 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.

SIGNATURE: *Mariano M. Chavez* 6/16/97 305-558-7451/2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)