

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:18

DOCUMENT # 513577 (7)

1. Corporation Name
TOLEDO RESTAURANT EQUIPMENT CO.

Principal Place of Business Mailing Address
853 WEST FLAGLER 853 WEST FLAGLER
MIAMI FL 33130-1221 MIAMI FL 33130-1221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 39. Date of Last Report
09/17/1976 12/23/1994

2. Principal Place of Business 26. Mailing Address

4. FEI Number Applied For
59-1847252 Not Applicable

21. Suite, Apt., #, etc. 26. Suite, Apt., #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing \$5.00 May Be Added to Fees

23. Zip 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. Country 29. 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLEDO, ERASNO
6370 S.W. 16 TERRACE
MIAMI FL 33165

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.05(3) and 607.15(8), 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 607.05(3), Florida Statutes.

SIGNATURE

Signature of Secretary of State of registered agent and filer

Signature of Registered Agent, corporate registered office, or filer

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TOLEDO, ERASMO
STREET ADDRESS	6370 S.W. 16TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	TOLEDO, ONEIDA C.
STREET ADDRESS	6370 S.W. 16TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report returns and accounts and that my supervisor(s) has/have the same level of knowledge and responsibility as that of the filer or director of the corporation or the registered agent who reported to me into 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 alternate filing address.

SIGNATURE: *Erasmio Toledo*
SIGNATURE AND TITLE OF PERSON OR NAME OF REGISTERED OFFICE OR DIRECTOR

2/9/95 305324073
DATE AND NUMBER OF DOCUMENT