

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

FILED
Mar 16 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F09693 (5)

1. Corporation Name
TOCAROS ENTERPRISES, INC.

Principal Place of Business

75 N.W. 32 AVENUE
C/O TOMAS ROSES
MIAMI FL 33125

Mailing Address

75 N.W. 32 AVENUE
C/O TOMAS ROSES
MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2345 N.E. 197 ST
Suite, Apt #, etc

22 City & State
23 MIAMI FL
24 33180 Zip Country

2a. Mailing Address
26 2345 N.E. 197 ST
Suite, Apt #, etc

27 City & State
28 MIAMI FL
29 33180 Zip Country

3. Date Incorporated or Qualified

10/20/1980

4. FEI Number
59-2043238
Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSES, TOMAS
75 N.W. 32 AVENUE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name ROSES, TOMAS A.
82 Street Address (P.O. Box Number is Not Acceptable)
2345 N.E. 197 ST
83
84 City MIAMI FL 85 Zip Code 33180

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


Signature, typed or printed name of registered agent and title if applicable

TOMAS A. ROSES

1/23/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROSES, CARMEN | |
| STREET ADDRESS | 75 N.W. 32 AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MARISTANY, CARMEN ROSES | |
| STREET ADDRESS | 6601 FALCONS GATE AVE | |
| CITY-ST-ZIP | DAVE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | ROSES, TOMAS | |
| STREET ADDRESS | 75 N.W. 32 AVE. | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | STD |
| 2.3 STREET ADDRESS | MARISTANY, CARMEN ROSES |
| 2.4 CITY-ST-ZIP | 6601 FALCONS GATE AVE |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DAVID FL |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | PD |
| 4.3 STREET ADDRESS | ROSES, TOMAS A. |
| 4.4 CITY-ST-ZIP | 2345 N.E. 197 ST. |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MIAMI, FLA. 33180 |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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:  TOMAS A. ROSES 1/22/98 305-936-9923

CR2E034 (10/97)