

FROM: Atlantic-Distacor-Toledo

MAR-30-99 TUE 04:02 PM AMERICAN EXPRESS BK INTL

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03011999-90236-032-\$150.00-\$150.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90236 032 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # F94000004613**

1. Corporation Name  
**TOALRY INVESTMENTS CORP.**

Principal Place of Business  
C/O MARC HAUSER, ESQ.  
1111 KANE CONCOURSE #816  
BAY HARBOR ISLANDS FL 33154

Mailing Address  
C/O MARC HAUSER, ESQ.  
1111 KANE CONCOURSE #816  
BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/07/1994</b>                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>52-1508491</b>                                                                                                              |                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                       | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                 | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

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

9. Name and Address of Current Registered Agent  
**HAUSER, MARC**  
**1111 KANE CONCOURSE #816**  
**BAY HARBOR ISLANDS FL 33154**

|                                                       |
|-------------------------------------------------------|
| 10. Name and Address of New Registered Agent          |
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City FL 85 Zip Code                                |

19. 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 of 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]* (NOTE: Registered Agent Signature Required When Registering)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                      | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOLEDANO, ALBERTO      | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | GADILLAS A SAN JACINTO | 13 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                | CARACAS, VENEZUELA     | 14 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | V                      | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOLEDANO, ROSA D       | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | GADILLAS A SAN JACINTO | 23 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                | CARACAS, VENEZUELA     | 24 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | ST                     | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOLEDANO, ABI          | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | GADILLAS A SAN JACINTO | 33 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                | CARACAS, VENEZUELA     | 34 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                        | 44 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                        | 54 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                        | 64 CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

19. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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.

SIGNATURE: *[Signature]* Date: **3/30/99**