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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE \$

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G29585

(8)

TODOKOLOR ROBERT'S COMMERCIAL, INC.

FILED
May 12 1997 8:00am
Secretary of State



Principal Plac	e of Business	М	Mailing Address											
11865 6W 26 ST				11865 SW 26 ST										
014-15			GI	G14-15										
MIAMI FL 8917	75			AMI FL 33	175-2400									
US	٠		US	5						3.	Date Incorporated or Qualified 03/03/1983	3a. Da 05/0	te of Las)1/199 (t Report 6
2. Principal P	lace of Busine	oss	2a.	, Mailing ,	Address					4.	FEI Number			Applied For
21				[26]						59-2290400			[]	Not Applicable
Sulte, Apt.	#, etc.			Suite, A	pt.#, etc.					1.	Certificate of Status Desired		\$8.7	5 Additional
22			27								Certificate of Status Desired		Fee	Required
City & State	e		1	City & S	1ato					6.	Election Campaign Financing		\$5.0)0 May Bo
23			28								Trust Fund Contribution		Adde	ed to Fees
Zip	-	Country	ļ,	Zφ		h	ountry	У		8.	This corporation has liability for			r s. 199.032,
24		25	29			30				_L		Yes [
		and Address of Current	Regis	tered Ag	ent		-	т.		10.	Name and Address of New Re	gistered #	gent	
	IARD, ROBE						81	^	lame					
11865 SW 26 ST							82	s	treat Addres	oss (F	O. Box Number is Not Acceptat	ole)		
G14							_	ļ		·	· · · · · · · · · · · · · · · · · · ·			
MIAI	MI FL 33175	•					83	H						
					•		84	1-	ity		THE WHAT A SECTION ASSESSMENT ASS		85 Z	ip Code
							"	1	''' y			FL	65 -	ip 0000
11. Pursuant	to the provision	ons of Sections 607.0502	and 6	07.1508,	Florida Statu	ites, the	ahov	o-na	amed corpo	oratio	on submits this statement for the p	ourpose of	changing	g its registered
office or r	registered agd ım familiar witl	ent, or both, in the State i n. and accept the oblica	ot Flori tions o	da. Such (f. Section	change was 607.0505. F	authoriz Iorida St	eo by atute:	yth≪ s.	e corporatio	on's t	on submits this statement for the population of directors. Thereby acceptions	ot the appo	ointment .	as registered
SIGNATURE				•										
	Signalure, typod o	r printed name of registered ager	Land ICC	if applicable	(NC	16 Registe	red Age	ent si	очером отпрол	ed wher	n reinstating)	DATE		
12.		OFFICERS AND	DIRE	CTORS		13					ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	P			L	DELETE	1.1	TITLE						Chang	je 🔲 Addition
NAME		ROBERTO				1.2	NAME							
STREET ADDRESS		26 ST STE G14-15				1.3	STREET	I ADI	RESS					
CITY-ST-ZIP	<u>Miami,</u> Fl	00000				1.4	CHTY-S	S1-2i	P					
TITLE	V				DELETE	2.1	TITLE						Chang	e Addition
NAME		YOLANDA L				2.2	NAME							
STREET ADDRESS		/ 6 ST., STE G14-15				2.3	STREET	T ADC	RESS					
CITY-ST-ZIP	MIAMI FL					2.4	CITY-	ST-7	IP					
TITLE	18				DELETE		TITLE				, , , , , , , , , , , , , , , , , , ,		☐ Chang	e Addition
NAME	BENARD,	YOLANDA				32	NAME		ĺ					
STREET ADDRESS	11865 SW	/ 28 ST., G14-15				33	STHEET	i ade	PRESS					
CITY-ST-ZIP	MIAMI FL	•					ony-:		· 1					
TITLE	S				DELETE		TITLE				7.797. 1.2		☐ Chang	e Addition
NAME	GINA PER	EZ				4 2	NAME						·	
STREET ADDRESS		26 ST STE 14/15					STREET		DRESS					
CITY-ST-ZIP	MIAMI FL					•	CITY - S							
TITLE	VP	***************************************			DELETE		TILLE	D1 * Z1	·				Chang	e [.] Addition
NAME	ENEYDA (MOLINA	•	_		1	NAME							- Sand Frommon
STREET ADDRESS		/ 28 ST STE G14-15			÷				or ce					
	MIAMI FL	EN OI OIL OIT-10					STREET							
CITY-ST-ZIP	INICAMI I C				DELETE		CITY - S	S1 - 71	'				Chang	e Addition
TITLE				L	VLLETE		1nue						☐ cusuß	le 🗀 vooiiliou
NAME							NAME							
STREET ADDRESS	[- 1	STR[[1		1					
CITY-ST-ZiP	land a serie of the second	No. 10 for a 15 for a 15 for a		77		64	CITY-S	ST - ZI	P			7 11 1		

4. 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.

CIGNATUDE.

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4/20/97

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