FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # G56519 (3)

1. Corporation Name

TONDA ENTERPRISES, INC.

Principal Place of Business: ~~10210 PORT OF SPAIN COOPER CITY FL 33026~~

Mailing Address: ~~323 CREEKSIDE WAY SUITE 323 ROSWELL GA 30076 US~~

C/O HARVEY KASE

2. Principal Place of Business	2a. Mailing Address
21 39 NW 166 ST	26 5445 TALLANTWORTH TRL
Suite, Apt #, etc. 22 SUITE-1	Suite, Apt. #, etc. 27
City & State 23 N MIAMI BEACH, FL	City & State 28 Cumming, GA
Zip 24 33169 Country 25 USA	Zip 29 30130 Country 30 USA

3. Date Incorporated or Qualified: 08/18/1983
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2324106 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRAZENFELD, WARREN R.
KIRKPATRICK & LOCKHART
1428 BRICKELL AVENUE, SUITE #400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: HARVEY KASE
82 Street Address (P.O. Box Number is Not Acceptable): 39 NW 166 ST
83
84 City: N. MIAMI BEACH FL 85 Zip Code 33169

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] Harvey S Kase 4-4-96 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	PVD ☒ Change ☐ Addition
NAME	GULLA, ANTHONY P.		1.2 NAME	GULLA, ANTHONY P
STREET ADDRESS	10210 PORT OF SPAIN ST.		1.3 STREET ADDRESS	5445 TALLANTWORTH TRL
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP	CUMMING, GA 30130
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GULLA, LINDA S.		2.2 NAME	
STREET ADDRESS	10210 PORT OF SPAIN ST.		2.3 STREET ADDRESS	5445 TALLANTWORTH TRL
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP	CUMMING, GA 30130
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	52 51
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	$ Dep by BANK $200.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Anthony P. Gulla 4-4-96 (770) 886-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)