

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J21054 (8)
 1. Corporation Name
TOULA MANUFACTURING LIMITED, INC.



Principal Place of Business 8148 NW 74TH AVE MIAMI FL 33166 US	Mailing Address 9759 NW 80TH AVENUE HIALEAH GARDENS FL 33016-2315
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State MEDLEY 23 Zip 33166 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 8148 N.W. 74 AVE MEDLEY 28 Zip 33166 29 Country		3. Date Incorporated or Qualified 06/25/1986	3a. Date of Last Report 04/18/1996
		4. FEI Number 59-2694292		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WANG, TIENHSIANG EDDIE 9759 NW 80TH AVENUE HIALEAH GARDENS FL 33016		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8148 N.W. 74 AVE 83 84 City MEDLEY FL 85 Zip Code 33166	
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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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WANG, TIENHSIANG EDDIE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8148 NW 74TH AVE		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	WANG, TIENHSIANG EDDIE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9759 NW 80TH AVENUE		2.2 NAME		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		2.3 STREET ADDRESS	8148 N.W. 74 AVE	
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	MEDLEY FL 33166	
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 21 97

Date

Daytime Phone #

0123229

CR2E034 (9/96)