

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:03

DOCUMENT # L89740 (9)

1. Corporation Name
TOSITA, INC.

Principal Place of Business Mailing Address
% MENDEZ INSUA & CO., PA C/O MENDEZ INSUA & CO., PA
8300 SW 8TH ST. #303 8300 SW 8TH ST. #303
MIAMI FL 33144 MIAMI FL 33144
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/24/1990 3a. Date of Last Report 03/14/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0215444	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	☐	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS INC
777 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

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

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 on printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	☐ Change ☐ Addition
NAME	DE GERMAN-RIBON, LUIS M.	1.2 NAME	
STREET ADDRESS	8300 SW 8TH ST #303	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	DE GERMAN-RIBON, DORA P.	2.2 NAME	
STREET ADDRESS	8300 SW 8TH ST #303	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RESTREPO, LUIS F.	3.2 NAME	
STREET ADDRESS	8300 SW 8TH ST #303	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 110.07(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, changed, or on an attachment with an addition.

SIGNATURE:

Luis F. Restrepo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Month/Year