

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 # **M44596** (8)
1. Corporation Name
TOYS UNLIMITED, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM PEREZ
3665 NW 49TH ST
HIALEAH FL 33142

3640 N.W. 41ST
3665 NW 49TH ST
MIAMI FL 33142
US

97 JUL -7 AM 11:55

SECRETARY OF STATE
FLORIDA



REINSTATEMENT

0096-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3640 NW 41ST		26 3640 NW 41ST		01/09/1987		07/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2827926		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 HIALEAH		28 FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33142		25 USA		29 33142		30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, WILLIAM
3665 NW 49TH ST
HIALEAH FL 33142

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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]* DATE 6/30/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PEREZ, WILLIAM	1.2 NAME	
STREET ADDRESS	3640 N.W. 41ST	1.3 STREET ADDRESS	800002233078--3
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	-07/08/97--01078--005
TITLE	VD	2.1 TITLE	
NAME	PEREZ, WILKIE A	2.2 NAME	
STREET ADDRESS	3640 N.W. 41ST	2.3 STREET ADDRESS	****585.00 ****585.00
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800002233078--3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-07/08/97--01078--006
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	****175.00 ****175.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	800002233078--3
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-07/08/97--01078--007

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/96

Deputy Phone #

CR2E034 (12/95)