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NOV -5 AH 10: 31					
CRETARY OF STATE LAHASSEE, FLORIDA					
-EMAGGEE, FEORING					
DO NOT WRITE IN THIS SPACE					
er	Applied For				
0972803	Not Applicable				
of Status Desired \$8.75 Additional Fee Required					
Address of New Registered Agent					
Astro					
r is Not Acceptable)					
rd ct					
FL	Zip Code 33309				
h, in the State of Florida.					
9-23-01					
DATE					
ction Campaign Financing st Fund Contribution.	\$5.00 May Be Added to Fees				
CHANGES TO OFFICERS AND DIF	RECTORS IN 11				
	Change				
000046980	Addffen				

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000000 2659 1. Entity Name

TOUCANS OF South FloridA, Inc

Principal Place of Business 201 NW S3rdCT Ft. lauderdale, KC

Mailing Address 201 NW 53rd of Ft. laudordale, FL

33309
2. Principal Place of Business
3. Mailing Address
4. M. M. S. 3. M. C. T. Suite, Apt. #, etc.

01

City & State Fit Lange of the FL	City & State F. Lauderdal	e FC	4. FEI Number (097 28	Applied For Not Applicable	
Zip Country 33309 i3-cwA-d 6. Name and Address of Current F	Zip (SnowArd	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Re	egistered Agent	
Guillermo CAST		Name Street Address	//em CAStro		
201 NW 53rd CT				·	
Ft. lauderdule, FL	333%	20/ A City C+. 10	NW 5314 CT	FL Zip Code 33309	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Suiltena CASA	×0		9	-23-01	
Signature, typed or printed name of registered agent at	nd title il applicable. (NOTE: Reç	gistered Agent signature require	ed when reinstaling)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! F After MAY 1, 2001 Make Check Payable t	Fee will be \$550.00		Total may be	
11. OFFICERS AND C	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11	
TITLE PRESIDE TO Andall Simen	e Z □ Delete	TITLE		☐ Change ☐ Addition	
NAME O 1 . / . C 3 m/		NAME			
CITY-ST-ZIP Ft. Lawlerdale FL		STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS 201 XIW 5310	T	NAME STREET ADDRESS		58.75 ****158.75	
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NAME		NAME		SP	
STREET ADDRESS	. 1	STREET ADDRESS		· ·	
City-St-ZIP	-	CITY-ST-ZIP			

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOUCAN'S OF SOUTH FLORIDA, INC.

201 NW 53RD COURT FT LAUDERDALE, FL 33309 Tel (954) 818-0606



Florida Department of State Secretary of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl 32314-6327

Ref: Document # P00000002659

Dear Sir:

As per our telephone conversation we are enclosing a check for the amount of \$150.00 dollars.

Please be advised as mentioned on the phone that we did not received the annual report for the year 2000 because we moved to the actual address on our heading. We kindly request waiver of the penalty charges with the promise that this delay will not happen again.

If you have any question please do not hesitate to contact us.

Sincerely,

Guillermo Castro President

GC/mb