

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

FILED
Apr 22 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40016 (8)

1. Corporation Name
TOJU INVESTMENT CORP., S.A.



Principal Place of Business 2523 SW 19 ST. MIAMI FL 33145	Mailing Address 2523 SW 19 ST. MIAMI FL 33145
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/10/1992	3a. Date of Last Report 04/18/1995
21	26	4. FEI Number 98-0073082	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24. Zip		25. Country	
29. Zip		30. Country	

9. Name and Address of Current Registered Agent LAMAR, ROLANDO I. 2523 SW 19 ST MIAMI FL 33145		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	D- P- VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, ROLANDO IZQUIERDO	1.2 NAME	LAMAR, ROLANDO IZQUIERDO
STREET ADDRESS	2523 SW 19 ST.	1.3 STREET ADDRESS	2523 S.W. 19 St
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida, 33145
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	D- S- T- VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTINA, HECTOR L.	2.2 NAME	Cortina, Hector, L.
STREET ADDRESS	2523 SW 19 ST	2.3 STREET ADDRESS	2523 S.W. 19 St
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33145
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CARLOS RAUL	3.2 NAME	
STREET ADDRESS	CALLE 58 A ESTE, #69	3.3 STREET ADDRESS	
CITY-ST-ZIP	REP OF PANAMA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **Jan 20/96** (307) 859-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)