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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 PM 4:35

DOCUMENT # **P92000007495 (4)**

1. Corporation Name
TYADTTOCS LTD., INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. 204 NO MIAMI FL 33180 US	3000 ISLANA BLVD 506 WILLIAMS ISLAND FL 33160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1992	3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0902824	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3000 ISLAND BLVD	26 3000 ISLAND BLVD.
22 Suite, Apt. #, etc. # 2801	27 Suite, Apt. #, etc. # 2801
23 City & State WILLIAMS ISLAND FL	28 City & State WILLIAMS ISLAND FL
24 Zip 33160 25 Country USA	29 Zip 33160 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRESLIN, JERRELL A 20801 BISCAYNE BLVD. SUITE 204 NORTH MIAMI BEACH FL 33180	81 Name: BRESLIN, JERRELL A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1915 HARRISON ST. 84 City: HOLLYWOOD 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 _____ DATE
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHENFELD, JOAN	12 NAME	
STREET ADDRESS	3000 ISLAND BLVD. # 2801	13 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. To the best of my knowledge and belief, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/1/95 305 935-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0173026 CP