SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P93000069594	(8)
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A. TOME & ASSOCIATES, INC.

Principal Place of Business Mailing Address							
5209 NW 74TH AVE #205A Miami Fl 33166		5209 NW 74TH AVE #205A MIAMI FL 33166					
						 Date Incorporated or Qualified 10/07/1993 	3a. Date of Last Report 05/16/1995
2. Principal Pia	nce of Business	2a. Mailing Add	dress			4, FEI Number	Applied For
Suite, Apt #	, elc.	Suite, Apt.	#. etc			65-0440555	Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State	 9			6. Election Campaign Financing	\$5,00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zφ	Country	Ζ(ρ		Country		8. This corporation has liability for in	
24	25	[29]		30			Yes No
	9. Name and Address of Curr	ent Hegistered Agent		61	Name	10. Name and Address of New Reg	pistered Agent
	ME, ALEJANDRO				140110		
	9 NW 74TH AVE #205A			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)
MIAI	MI FL 33166			83			
				84	City		FL 85 Zip Code
agent i am	gistered agent, or both, in the Stat i familiar with, and accept the obli	igations of, Section 607	7.0505, Flo	or da Statutés			
office or reg agent I am SIGNATURE 5:	itamiliar with, and accept the obj gradience for the perfection engine eta OFFICERS A	igations of, Section 607 ign facilities (appliable IND DIRECTORS	7.0505, Flo	or da Statutes	d signature require	od when resistatings ADDITIONS/CHANGES TO OFFICE	LIATE ERS AND DIRECTORS IN 12
on.ce or reg agent I am SIGNATURE 5: 12.	Tamiliar with, and accept the ob- flucie is: dispersional etas, evela OFFICERS A DPS	igations of, Section 607 ign facilities (appliable IND DIRECTORS	7.0505, Flo	Is Registered Agent 13. 11 THEF	d signature require		
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of the receiver or trustee empower of the or on an attachment with an address that my name appears in Block

SIGNATURE: X

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR