

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000069594 (8)**

**1. Corporation Name  
A. TOME & ASSOCIATES, INC.**



**Principal Place of Business  
5209 NW 74TH AVE #205A  
MIAMI FL 33166**

**Mailing Address  
5209 NW 74TH AVE #205A  
MIAMI FL 33166-4800**

**3. Date Incorporated or Qualified 10/07/1993**      **3a. Date of Last Report 08/02/1996**

**2. Principal Place of Business**      **2a. Mailing Address**

**21** Suite, Apt. #, etc.      **26** Suite, Apt. #, etc.

**22** City & State      **27** City & State

**23** Zip      **28** Zip      **29** Country      **30** Country

**4. FEI Number 65-0440555**      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

**9. Name and Address of Current Registered Agent**

**TOME, ALEJANDRO**  
**5209 NW 74TH AVE #205A**  
**MIAMI FL 33166**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **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**      Signature typed in printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

**TITLE**      **DPS**       DELETE

**NAME**      **TOME, ALEJANDRO**

**STREET ADDRESS**      **5209 NW 74TH AVE #205A**

**CITY - ST - ZIP**      **MIAMI FL**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**       Change       Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE**       Change       Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE**       Change       Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE**       Change       Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE**       Change       Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE**       Change       Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

**14. I do hereby 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 and dated 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/96 (30D) 597-9944*  
Date      Daytime Phone #

CR2E034 (9/96)