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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069594 (8)

A. TOME & ASSOCIATES, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		r engermag und sonne ertitt matte dater darie ertift abiet arten fallt fill aldt fool
\$209 NW 74TH AVE #205A	5209 NW 74TH AVE #205A	l .	
MIAMI FL 33166	MIAMI FL 33166		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			10/07/1993
2. Principal Place of Business	2a. Mailing Address	······································	4. FEI Number Applied For
21 105 WESTWARD DR.	26 105 WE STWAR	eD DR.	65-0440555 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22	27		Fee Required
City & State	City & State	5 /	6. Election Campaign Financing \$5.00 May Be
23 MEANE SPRENGS - FL Zip Country	28 HIAMI SPRI	CN65 - PL	Trust Fund Contribution Added to Fees
Zip Country			8. This corporation owes or has paid the current year Intangible
24 33166-5257 25 U)5.A.	29 33166-5257 30	0 U.S.A.	Personal Property Tax due June 30. X Yes No
g, Name and Address of Current	Registereo Agent	81 Name A	10. Name and Address of New Registered Agent
TOME, ALEJANDRO		on warne A	LEJANDRO TOME ress (P.O. Box Number is Not Acceptable)
5209 NW 74TH AVE #205A			
MIAMI FL 33166		63 /0	5 WESTWARD DR.
		• • • • • • • • • • • • • • • • • • •	
1	า	84 City MI	FAMI SPRINGS FL 85 Zip Code 33166
11. Pursuant to the provisions of Sections 607 9502 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, the state of locida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and occup the options of action 607.0505, Florida Statutes.			
agent. I am familiar with and occup the object	ingol dotton 607.0505, Floric	da Statutes.	tion's board of directors, i hereby accept the appointment as registered
SIGNATURE Signature repries or printed name it trees a contention	ALEJ!	A NDRO Tom logistered Agent signature requir	1/9/98
12. OFFICERS AND	DINEOTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DPS	V □ DELETE	1.1 TITLE D (
NAME TOME, ALEJÁNDRO		1.2 NAME TO	OME, ALGIANDRO
STREET ADDRESS 5209 NW 74TH AVE #205A		1.3 STREET ADDRESS /O	5 WESTWARD DR.
CITY-ST-ZIP MAMIFL		1.4 CITY-ST-ZIP	IIAMZ. SPRINGS, FL 33166
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY+ST-ZIP	
TITLE	☐ DELETÉ	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	∟ DELET e	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME	•	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	——————————————————————————————————————	5.4 CITY+ST-ZIP	
TITLE	☐ DELÈT E	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	
14. I nereby certify that the information supplied with	ithis tuling does not qualify for th	ne exemption stated in	Section 119.07(3)(i), 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 on application of the corporation of the corpora