

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059513 (9)

1. Corporation Name
TOKES ORGANIZATION, INC.

Principal Place of Business Mailing Address
**320 NW 139 ST
N MIAMI FL 33168** **320 NW 139 ST
N MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/10/1984

4. FEI Number Applied For
65-0525465 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

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 **18800 N.W. 2ND AVE.** 26 **18800 N.W. 2ND AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE #219B** 27 **SUITE #219B**
City & State City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**
Zip Country Zip Country
24 **33169** 25 **DADE** 29 **33169** 30 **DADE**

9. Name and Address of Current Registered Agent

**ONYIORAH, NWOKOYE A
320 NW 139 ST
N MIAMI FL 33168**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE **NWOKOYE AKOBI ONYIORAH (OWNER)** **4/10/95**
(Type name or printed name of registrant(s) and title if applicable) (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & OWNER
NAME	NWOKOYE AKOBI ONYIORAH
STREET ADDRESS	1427 N.W. 100 STREET
CITY - ST - ZIP	MIAMI, FLORIDA 33147
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 116.07(1)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **NWOKOYE AKOBI ONYIORAH** **3/27/95** **(305) 770-0530**
(Type name or printed name of signing officer or director) (Date) (Telephone Number)