FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059513 (9)**

1. Corporation Name

TOKES ORGANIZATION, INC.

Principal Place of Business

18800 N. W. 2ND AVE.
SUITE 219B
MIAMI BEACH FL 33169
US

Mailing Address

18800 N. W. 2ND AVE.
SUITE 219B
MIAMI BEACH FL 33169
US

3. Date Incorporated or Date Qualified: 08/10/1994

3a. Date of Last Report: 04/14/1995

4. FEI Number: 65-0525465 [ ] 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. ... [ ] Yes [✓] No

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

21 | 26

Suite, Apt. #, etc. | Suite, Apt. #, etc.

22 | 27

City & State | City & State

23 | 28

Zip 24 | Country 25 | Zip 29 | Country 30

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 617.0502, 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. ... I am familiar with and accept the obligations of Section ..., Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	ONYIORAH, NWOKOYE AKOBI	
STREET ADDRESS	1427 N. W. 100 STREET	
CITY-ST-ZIP	MIAMI FL 33147	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Change	[ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (12/95)

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 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, with all other like empowered.

SIGNATURE: [signature] 4/5/96 305-770-0530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR