

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinez  
Secretary of State  
Tallahassee, Florida 32399-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:20

DOCUMENT # **P94000072564 (5)**

**TOCARO SERVICES INC.**

250 CATALONIA AVE., SUITE 305  
CORAL GABLES FL 33134

250 CATALONIA AVE., SUITE 305  
CORAL GABLES FL 33134

|                                                        |                        |                                                                                                                                                                 |                                       |
|--------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date incorporated or organized<br><b>09/30/1994</b> |                        | 3a. Date of last report                                                                                                                                         |                                       |
| 4. Filing number<br><b>65-0517504</b>                  |                        | Appeared for<br>Not Applicable                                                                                                                                  |                                       |
| 2. Principal office location                           | 2a. Mailing Address    | 5. Certificate of Status Desired                                                                                                                                | <b>\$8.75 Additional Fee Required</b> |
| 21. State, Apt. # etc.                                 | 26. State, Apt. # etc. | 6. Election Campaign Financing<br>Trust Fund Contribution                                                                                                       | <b>\$5.00 May Be Added to Fees</b>    |
| 22. City & State                                       | 27. City & State       | 8. This corporation has liability for a liability tax under 19-199 (02)<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |
| 23. Zip                                                | 28. Zip                |                                                                                                                                                                 |                                       |
| 24. Name                                               | 25. Name               | 29. Name                                                                                                                                                        | 30. Name                              |

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

**CHIALASTRI, CARLOS**  
250 CATALONIA AVE., SUITE 305  
CORAL GABLES FL 33134

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

|                                                        |           |
|--------------------------------------------------------|-----------|
| 01. Name                                               |           |
| 02. Street Address (P.O. Box Number is Not Acceptable) |           |
| 03. City                                               |           |
| 04. State                                              | <b>FL</b> |
| 05. Zip Code                                           |           |

11. Pursuant to the provisions of sections 190.01(2)(b) and 190.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent. I am hereby authorized to accept this appointment of Section 190.02(1)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or authorized representative)

(Date)

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                                                                                        |
|----------------------------------------------------|--|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12.1<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.1<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | President<br>Robert Weisenbaum<br>250 Catalonina Ave. # 305<br>Coral Gables, FL. 33134<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.2<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.2<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | Vice-President<br>Carlos Chialastri<br>250 Catalonina Ave. # 305<br>Coral Gables, FL. 33134<br><input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| 12.3<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.3<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | Treasurer<br>Thomas Chialastri<br>250 Catalonina Ave. # 305<br>Coral Gables, FL. 33134<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.4<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.4<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| 12.5<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.5<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| 12.6<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.6<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| 12.7<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.7<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| 12.8<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |  | 13.8<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information required with this form is voluntarily furnished and does not qualify for the exemption stated in section 190.02(1)(b), Florida Statutes. I further certify that the information submitted as this annual report or supplementary 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 treasurer or transfer agent required to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1, or Block 1a, of this report, or on an affidavit filed with an addition.

SIGNATURE:

*Thomas Chialastri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95