

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P-95000015746

1. Corporation Name
TOMEN DELIVERIES OF MIAMI, INC.

Principal Place of Business Mailing Address
**3226 NW 22nd AVE. Suite 13.
MIAMI, FL. 33142**

3. Date Incorporated or Qualified **MARCH 1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address
21 **Same as above** 26 **Same as above.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Same as above** 27 **Same as above.**
City & State City & State
23 **Same as above.** 28 **Same as above.**
Zip Country Zip Country
24 25 29 30

4. FEI Number **65-0560314** 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. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
YONY ALONSO
3226 NW 22nd. AVE. Ste. 13
MIAMI, FL. 33142.
Yony Alonso

10. Name and Address of New Registered Agent
81 Name **- N/A -**
82 Street Address (P.O. Box Number is Not Acceptable) **- N/A -**
83 **- N/A -**
84 City **- N/A - 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 **YONY ALONSO** DATE **April 29, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	YONY ALONSO	
STREET ADDRESS	3226 NW 22nd AVE Ste 13	
CITY - ST - ZIP	MIAMI, FL. 33142.	
TITLE	YONY E TOARES	<input type="checkbox"/> DELETE
NAME	VICE-PRESIDENT.	
STREET ADDRESS	3226 NW 22nd AVE. Ste	
CITY - ST - ZIP	MIAMI, FL. 33142.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

100001845381 Change Addition
-05/31/96--01015--014
*****200.00**
S-1-96
QEB

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 119.07(3)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Yony Alonso* 04/29/96 (300) 582-6349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date of Filing)

CR2E034 (12/95)