

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051257 (0)

1. Corporation Name

TOQUE-DE-ORO, INC.



Principal Place of Business

4 COCONUT LANE
TEQUESTA FL 33469

Mailing Address

4 COCONUT LANE
TEQUESTA FL 33469

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report

4. FET Number

65-0590500

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIPMA, GORDON
4 COCONUT LANE
TEQUESTA FL 33469

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 607.1506, 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

Signature of Registered Agent or Director of Corporation and the name of the corporation, the date of the signature, and the title of the officer or director.

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HARTMAN, ART
635 FFA ROAD
FT. PIERCE FL 34945

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D RIPMA, GORDON
4 COCONUT LANE
TEQUESTA FL 33469

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GLENDINNING, RALPH
11935 LOST TREE WAY
NORTH PALM BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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30. TITLE NAME STREET ADDRESS 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 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 it made under oath, that I am an officer or director of the corporation and the officer or director is 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 added, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREA. 6/27/96 (407)7440301

CR2E034 (12/95)