

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
 97 AUG -7 AM 10:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000055108 (1)  
 1. Corporation Name  
**TOMIAMI CORP.**



550

Principal Place of Business: 3700 RIVIERA DRIVE CORAL GABLES FL 33134  
 Mailing Address: 3700 RIVIERA DRIVE CORAL GABLES FL 33134-7196

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	820 N.E. 79th St.	26	820 N.E. 79th St.	07/17/1995	05/01/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State: Miami, FL		28. City & State: Miami, FL		65-0612654	Not Applicable
24. Zip: 33138	25. Country: U.S.A.	29. Zip: 33138	30. Country: U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CONCEPCION, TOMAS**  
 3700 RIVIERA DRIVE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCEPCION, TOMAS	1.2 NAME	
STREET ADDRESS	3700 RIVIERA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	800002261368-0
STREET ADDRESS		4.3 STREET ADDRESS	-08/08/97--01106--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an attachment with an address.

SIGNATURE *Tomas Concepcion* 2/15/97 = 757-0055

CR2E034 (9/96)

2

August 4, 1997  
Miami, Florida

Miss Brenda Tadlock  
Sr. Corporate Section Administrator  
Division of Corporations  
P.O Box 6327  
Tallahassee, Florida 32314

Reference: Doc. # P95000055108

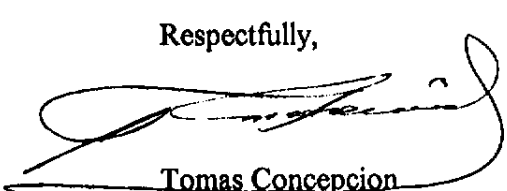
Dear Miss Tadlock:

I take this opportunity to request the late fee for this filing be waived since I did not  
✓ receive the application on a timely manner.

Please, also note an address change in our application for the principal place of business  
✓ and mailing address.

We sincerely appreciate your assistance in this matter, and we remain available should you  
✓ require further information.

Respectfully,



Tomas Concepcion

Tomiami Corp.  
820 N.E. 79<sup>th</sup>. Street  
Miami, Florida 33138  
(305)757-0055