

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000068753 (9)**

1. Corporation Name
TOTS CORP.



Principal Place of Business: **1820 E. HALLANDALE BEACH BLVD. G/O JEFFREY M. PERLOW, ESQ. HALLANDALE FL 33009**
Mailing Address: **1820 E. HALLANDALE BEACH BLVD. C/O JEFFREY M. PERLOW, ESQ. HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **09/07/1995**
3a. Date of Last Report
4. FEI Number 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

2. Principal Place of Business: **Raquel Kluchnik 12960 SW 7th Ct Apt 212A Hollywood, FL 33027-1780**
2a. Mailing Address: **Raquel Kluchnik 12960 SW 7th Ct Apt 212A Hollywood, FL 33027-1780**
21, 22, 23, 24, 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**PERLOW, JEFFREY M
1820 E. HALLANDALE BEACH BLVD.
C/O JEFFREY M. PERLOW, ESQ.
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name: **RAQUEL KLUCHNIK**
82 Street Address (P.O. Box Number is Not Acceptable): **12950 S.W. 7th Ct 212A**
83 City: **PEMBROKE PINES, FL**
84 City: **FL**
85 Zip Code: **33027**

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: *Raquel Kluchnik*

(NOTE: Registered Agent Signature required when filing)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | PV | <input type="checkbox"/> DELETE |
| NAME | ALTER, ESTHER | |
| STREET ADDRESS | 1820 E. HALLANDALE BEACH BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | ALTER, ALEJANDRO | |
| STREET ADDRESS | 1820 E. HALLANDALE BEACH BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 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: **ALTER ALEJANDRO VARGAS** 4-30-1996 (954) 436-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)