

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90050 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068753

1. Corporation Name
TOTS CORP.

Principal Place of Business RAQUEL KLUCHNIK 12950 S.W. 7TH CT., APT. 212A HOLLYWOOD FL 33027-1780 US	Mailing Address RAQUEL KLUCHNIK 12950 S.W. 7TH CT., APT. 212A HOLLYWOOD FL 33027-1780 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	Za. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES	City & State 28 PEMBROKE PINES
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 09/07/1995	
4. FEI Number 65-0675625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RAQUEL KLUCHNIK
 12950 S.W. 7TH CT., 212A
~~G/O JEFFREY M. PERLOW, ESQ.~~
 PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name RAQUEL KLUCHNIK	
82 Street Address (P.O. Box Number is Not Acceptable) 12950 SW. 7TH COURT, APARTMENT A-212	
83	
84 City PEMBROKE PINES	85 Zip Code FL 33027-1780

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

TITLE PV	<input type="checkbox"/> DELETE
NAME ALTER, ESTHER	
STREET ADDRESS 1820 E. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE VST	<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 3500 MYSTIC POINT DRIVE, Apt. 1902	
1.4 CITY-ST-ZIP AVANTURA, FL 33180-2582	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 3500 MYSTIC POINT DRIVE, Apt 1902	
2.4 CITY-ST-ZIP AVANTURA, FL 33180-2582	
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 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, with all other like empowered.

SIGNATURE: *Alexander* **SIGNATURE REQUIRED** Date: 2/12/99 954 436 9057 Daytime Phone #

CR2E034 (11/98)