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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Zip 24

STREET ADDRESS

STREET ADDRESS GITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

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NAME

**7870 SW 82ND COURT** 

MIAMI FL



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000090526 (1)

MY CAROUSEL OF TOYS, INC.

## **FILED** May 06 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4444 SW 71ST AVENUE 4444 SW 71ST AVENUE										
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SUITE 102	_	SUITE								
MIAMI FL 33155 MIAMI FL 33155-4658										
US ·		UO				3. Date Incorporated or Qualified 11/27/1995				
2. Principal Pl	lace of Business	2a. Ma	illing Address				4. FEI Number		Ĺ	Applied For
1 26							65-0635110			Not Applicabl
Suite, Apt. #, etc. Suite, Apt. #, etc.						S Out of the state of Change of the state of		S8.75 Additional		
27							5. Certificate of Status Desired Fee Required			
City & State City & State			y & State				6. Election Campaign Financing			00 May Be
a  ്		28	-				Trust Fund Contribution			led to Fees
Zip	Country		Zip Co				8. This corporation has liability for intangible tax under s. 199.032,			
<u>Α</u>	25	29		30				ىر Yes		
9. Name and Address of Current Registered Agent					_		10. Name and Address of New Registered Agent			
COR	AL GABLES FL 33146				83 84	City	ess (P.O. Box Number is Not Acceptate		85 4	Zip Code
						•		FL	.	
office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familier with, and accept the o	.0502 and 607. State of Florida. Ibligations of, Sc	508, Florida Statut Such change was action 607.0505, Fl	tes, the at authorized orida Stat	ove i by ules	e-named corp the corporation	oration submits this statement for the poor's board of directors. I hereby acce	surpose of of the app	changir iointmeni	ng its registered Las registered
SIGNATURE	Signature, typed or printed name of registere	rd agent and title If ap	plicable (NOT	ft: Rogistorec	LAge	nt signature require	ed when reinstating)	DATE	*	
12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DECENE			1,1 1(1	1.1 TOLE				☐ Char	nge 🔲 Additio
NAME	PENA, FRANCYS G			1.2 NA	ME					
STREET ADDRESS	TOTO CIN GOND COLIDT			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	AMALII EL 99149			14.0						
TITLE	V		DELETE	2.1 10		· · · · · · · · · · · · · · · · · · ·			Char	nge 📈 Additio
NAME	PENA, JESSE			2.2 N						
NAME	I PIX I VEVVE			■ 2.7 N/	evil.					

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3.1 TITLE 3.2 NAME

4 1 10 LE

**4.2 NAME** 

5.1 Title

5.2 NAME

61 THLE 6.2 NAME

DELETE

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Miami Pl

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an at achment with an address.

SIGNATURE:

Change

☐ Change

Change

Change

Addition

Addition

Addition

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