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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000090565	(9)

THE TOY CAROUSEL, INC.

FILED Feb 17 1997 8:00am Secretary of State

			L, INO.		1048	ling Address 35 SW 114 TERR MI FL 33176-4039				, a a a a a a a a a a a a a a a a a a a					
												Date Incorporated or Qualified 11/28/1995		ate of Last R 01/1996	eport
2. Principal 21	Place of Busi	ness			2a. 26	Mailing Address					4.	. FEI Number 65-0632183			oplied For of Applicable
Suite, Api	t.#, etc.				27	Suite. Apt. #, etc.					Б.	Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	ate		····		,	City & State					6.	Election Campaign Financing		\$5.00	
23 Zip]	Country		28	Zip	C	ountry	, -		8.	Trust Fund Contribution This corporation has liability for i	ntangible	Added to	
24		25			29		30				1_	Florida Statutes	Yes [∏No ·	
			Address of	Current R	egiste	ered Agent					10.	, Name and Address of New Re	stered	Agent	
	NCHEZLOP							81	Na	me					
	485 SW 114 AMI FL 331:		R .					82	Sti	reet Addre	ess (F	P.O. Box Number is Not Acceptab	le)		
								83							
								84	Ci	ly			FL	85 Zip i	Code
11. Pursuan office or agent. I SIGNATUHE	am familiar w	rìth, a	of Sections 6 or both, in the rid accept the	obligation	ns of,	Section 607.0505, F	lorida St	atute	S.	med corporation corporation		on submits this statement for the p board of directors. I hereby accep	t the app	changing it ointment as	s registered registered
12.	Pid. wine Whi	n to the		RS AND D			13		en sig	nature require		ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
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TITLE	D					☐ DELETE		TITLE				· · · · · · · · · · · · · · · · · · ·	***************************************	Change	Addition
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STREET ADDRESS			14 TERR				2.3	STREET	F ADDR	ESS					
City-S*-ZiP	MIAMI F	L					2.4	City-:	ST - ZIF	,		·	1		
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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: DOMA SAUCHEZ 2/11/97 (305)2329503