FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90052 013 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000097741
4. Compretion Name	1 0000001111

TONIT INVESTMENT, INC.

Principal Place of Business	Mailing Address	
7350 N.W. 7TH STREET 7400 AW 7 4 St., SUITE 105 SUITE 109 MIAMI FL 33126	7 350 N.W. 7TH STR EET 7400 かい 7 TH SUFFE 105 SUFE 109 MIAMI FL 33126	2

DO NOT WRITE IN THIS SPACE			
Applied For			
Not Applicable			
\$8.75 Additional Fee Required			
\$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax.			
10. Name and Address of New Registered Agent			
2 Street Address (P.O. Box Number is Not Acceptable) 3			
**			

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.

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SIGNATURE	Stonature, typed or ponted name of registered agent and title if applicable.	(NOTE: Register	ed Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE -	D DEL	.ETE 1.1	TITLE	D 1 41 . 1.	Change	☐ Addition
NAME	MAFUD, RAUL A	1.2	NAME -	Raul Abraham	MAFUD	
STREET ADDRESS	7350 N.W. 7TH ST. SUITE 105	1.3	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126	1.4	CITY-ST-ZIP			
TITLE	D DEL	.ETE 2.1	TITLE	A	A.4 □ Change	☐ Addition
NAME 🗸	MAFUD, SERGIO A	2.2	NAME •	Sergio Abrahan	1 MAFUD	
STREET ADDRESS	7350 N.W. 7TH ST. SUITE 105	2.3	STREET ADDRESS	/		
CITY-ST-ZIP	MIAMI FL 33126	2. 4	CITY-ST-ZIP			
TITLE	V DEL	ETE 3.1	TITLE		☐ Change	Addition
NAME	ROSADO, CARLOS	3.2	NAME		O	
STREET ADDRESS	7350 NW 7TH ST., STE 105	3.3	STREET ADDRESS	7400 NW 74 St. S	GIE 109	
CITY-ST-ZIP	MIAMI FL 33126	3.4.	CITY-ST-ZIP	HIAHI, Fl. 33126		
TITLE	☐ DEL	.ETE 4.1	TITLE		Change	☐ Addition
NAME		4.2	NAME			
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP		4.4	CITY-ST-ZIP			
TITLE	☐ DEL	.ETE 5.1	TITLE		Change	☐ Addition
NAME		5.2	NAME			
STREET ADDRESS		5.3	STREET ADDRESS			
CITY-ST-ZIP		5.4	CITY-ST-ZIP			
TITLE	☐ DEL	ETE 6.1	TITLE		☐ Change	☐ Addition
NAME		6.2	NAME			
STREET ADDRESS		6.3	STREET ADDRESS			
CITY-ST-ZIP		6.4	CITY-ST-ZIP			j

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 apprecia with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN ING OFFICER OR DIRECTOR 04/30/99 (305) 267-2120