

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000017535 (1)**

1. Corporation Name  
**PAM TOYS, INC.**

Principal Place of Business  
**5850 LAKEHURST DR. SUITE 150-21  
ORLANDO FL 32819**

Mailing Address  
**5850 LAKEHURST DR. SUITE 150-21  
ORLANDO FL 32819-8386**

3. Date Incorporated or Qualified **02/23/1996** 3a. Date of Last Report

2. Principal Place of Business  
21 **7680 Republic Drive**  
Suite, Apt. #, etc.

22 **424**  
City & State

23 **Orlando, # Florida**  
City & State

24 **32819** 25 **US** 29 **32819** 30 **US**  
Zip Country Zip Country

4. FEI Number **59-3403023** 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

9. Name and Address of Current Registered Agent  
**DE CAMPOS, SYDNEY T  
5850 LAKEHURST DR, SUITE 150-21  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent  
81 Name **Jose L. Ramos**  
82 Street Address (P.O. Box Number is Not Applicable)  
**5381-B. Hoffner Ave**  
83  
84 City **Orlando** FL 85 Zip Code **32812**

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 **Jose L. Ramos** DATE **4-29-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE CAMPOS, SIDNEY T</b>	1.2 NAME	<b>De campos, sidney T</b>
STREET ADDRESS	<b>5850 LAKEHURST DR, SUITE 150-21</b>	1.3 STREET ADDRESS	<b>7680 Republic Drive ste 424</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPOS, LILIAN C.S.</b>	2.2 NAME	<b>Campos, Lilian C.S.</b>
STREET ADDRESS	<b>5850 LAKEHURST DR, SUITE 150-21</b>	2.3 STREET ADDRESS	<b>7680 Republic Drive ste 424</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Jose L. Ramos** DATE **04/29/97** **248-2666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)