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 # P96000072867 (0)

TOLEDO PROJECTS CORP.

FILED Jun 03 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			t famile bit com smite debite andit andit andit same sinn sinn satis sant that			
940 SEVILLA		340 SEVILLA AVE.							
CORAL GABLE	18 FL 83134	CORAL GABLES FL 33134	6615						
					3. Date Incorporated or Qualified 09/03/1996	3a. Dat	e of Last I	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number X 65-069/630	1,,,,,,,	A	pplied For	
	Minola Drive								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional	
City & Stat		City & State						equired	
23 Miam	i Springs Fl	28 Miami Spring	e F1		6. Election Campaign Financing	\$5.00 May Be Added to Fees			
Zip	Country	7ip	Coun	itry	Trust Fund Contribution 8. This corporation has liability for	intangible t			
24 331		·	30	•		Yes [s. 199.032,	
	g. Name and Address of Cu				10. Name and Address of New Ro				
RIE	ra, Jose L		- 7	Name					
340	SEVILLA AVE.		}_	32 Street Add	ress (P.O. Box Number is Not Accepta	hla)			
- COF	RAL GABLES FL 33134]	or or occurred	1000 (1 .O. DOX Mullibor 15 Not Accepta	ole)			
			1	33					
-			}	B4 City			85 Zip	Code	
•				,		FL	1		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s the abo	ove-named cor	poration submits this statement for the	ourpose of o	changing	its registered	
agent. I a	registered agent, or both, in the s am familiar with, and accept the ol	bligations of, Section 607.0505, Flo	rida Statu	tes.	poration submits this statement for the lition's board of directors. I hereby acce	pt the appo	intment as	s registered	
SIGNATURE									
12.	Signature, typed or printed name of registere OFFICERS	AND DIRECTORS	13.	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDO AND	DIDECTO	DQ INI 12	
TITLE	D	DELETE	1.1 ((1)	F 7	ADDITIONS/CHANGES TO OFFI		CX Change	Addition	
NAME	ABUIN, ELISEO		1.2 NAN	ì			SAL ONONG.		
STREET ADDRESS	340 SEVILLA AVE.			EET ADDRESS	549 Minola Drive				
CITY-ST-ZIP	CORAL GABLES FL 33134			Y-ST-ZIP	Miami Springs F1 33	166			
TITLE	0.000	☐ DELETE	2.1 TITL		mami opings ri 3		Change	Addition	
NAME			2.2 NAA	ì		•			
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CITY-ST-ZIP				Y-ST-ZIP					
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NAME			3 2 NAN				_ ,		
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CITY-ST-ZIP)			Y-S1-ZIP					
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CITY-ST-ZIP				(-ST-ZIP					
TITLE		DELETE	5.1 THE				Change	Addition	
NAME			5.2 NAN			-			
STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
TITLE		DELETE	6.1 TITL				Change	Addition	
NAME		La venent	6.2 NAN	1			0.101180	100.00	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			6.4 CITY	(-S1-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 corporate of the c

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