


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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. McPherson Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P 96 0000 82172</b>					
1. Corporation Name <b>LIZ'S TOYS, INC</b>					
Principal Place of Business			Mailing Address		
<b>1900 N.W. DELAWARE PKWY</b>			<b>MIAMI FL 33125</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/4/96</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report	
22. City & State		27. City & State		4. FEI Number <b>65-0699995</b>	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26. Country		31. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>ANA Y. RODRIGUEZ</b>			<b>81. Name</b>		
<b>1900 N.W. DELAWARE PKWY</b>			<b>82. Street Address (P.O. Box Number is Not Acceptable)</b>		
<b>MIAMI FL 33125</b>			<b>83.</b>		
			<b>84. City</b>		
			<b>FL</b>		
			<b>85. Zip Code</b>		
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 <b>Jose R. Rodriguez</b> DATE <b>4/10/97</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME <b>JOSE R. RODRIGUEZ</b>			1.2 NAME		
3. STREET ADDRESS <b>1900 N.W. DELAWARE PKWY</b>			1.3 STREET ADDRESS		
4. CITY-STATE-ZIP <b>MIAMI FL 33125</b>			1.4 CITY-STATE-ZIP		
5. TITLE <b>Vice President</b> <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME <b>ANA Y. RODRIGUEZ</b>			2.2 NAME		
7. STREET ADDRESS <b>1900 N.W. DELAWARE PKWY</b>			2.3 STREET ADDRESS		
8. CITY-STATE-ZIP <b>MIAMI FL 33125</b>			2.4 CITY-STATE-ZIP		
9. TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
13. TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
17. TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
21. TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY-STATE-ZIP			6.4 CITY-STATE-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: <b>Jose R. Rodriguez</b> DATE: <b>4/10/97</b> DAYTIME PHONE: <b>305-635-0099</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)