

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. MacPherson Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P 96 0000 82172</i> 1. Corporation Name <i>LIZ'S TOYS, INC</i>			
Principal Place of Business		Mailing Address	
<i>1900 N.W. DELAWARE PKWY MIAMI FL 33125</i>			
2. Principal Place of Business		2a. Mailing Address	
<i>21 Suite, Apt. #, etc.</i>		<i>26 Suite, Apt. #, etc.</i>	
<i>22 City & State</i>		<i>27 City & State</i>	
24 Zip	Country	Zip	Country
<i>25</i>	<i>26</i>	<i>29</i>	<i>30</i>
3. Date Incorporated or Qualified <i>10/4/96</i> 3a. Date of Last Report			
4. FEI Number <i>65-0699995</i> Applied For <i>Not Applicable</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
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 <i>ANA Y. RODRIGUEZ 1900 N.W. DELAWARE PKWY MIAMI FL 33125</i>			
10. Name and Address of New Registered Agent <i>81 Name</i> <i>82 Street Address (P.O. Box Number is Not Acceptable)</i> <i>83</i> <i>84 City</i> FL 85 Zip Code			
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 <i>Jose R. Rodriguez</i> DATE <i>4/10/97</i> <small>Signature typed or printed name of registered agent and date if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8000002154498 -04/25/97-01006-021 ***165.00			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: <i>Jose R. Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/10/97 305-635-0029 <small>Date</small> <small>Daytime Phone #</small>	

CR2E034 (9/96)