

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41208**

(7)

1. Corporation Name

TOMCLAY CORP.



Principal Place of Business

**875 71ST STREET
MIAMI BEACH FL 33141
US**

Mailing Address

**875 71ST STREET
MIAMI BEACH FL 33141
US**

3. Date Incorporated or Qualified
03/27/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number
65-0265580

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

**KATES, LESTER G.
4847 G.W. 27TH AVE
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81

Name

KATES, Lester G.

82

Street Address (P.O. Box Number is Not Acceptable)

807 Gables International Plaza

83

2655 Le Jeune Road

84

City

Coral Gables

FL

85

Zip Code

33134

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

Signature typed or printed in block letters of the agent, officer, or director.

Signature typed or printed in block letters of the corporation's registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

☐ DELETE

NAME

HERNANDEZ, TOMAS

STREET ADDRESS

875 71 ST

CITY-STATE-ZIP

MIAMI BCH FL

TITLE

S

☐ DELETE

NAME

HERNANDEZ, TOMAS

STREET ADDRESS

875 71 ST

CITY-STATE-ZIP

MIAMI BCH FL

TITLE

V

☐ DELETE

NAME

VELAZQUEZ, MARCO A.

STREET ADDRESS

875 71 ST

CITY-STATE-ZIP

MIAMI BCH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS Hernandez

4/15/96

(954) 387-6671

CR2E034 (12/95)