

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S51442 (9)
1. Corporation Name
TONAL VALUES, INC.



Principal Place of Business 111 NE 42ND STREET P.O. BOX 191091 MIAMI FL 33137 US	Mailing Address 111 N.E. 42ND STREET P.O. BOX 191091 MIAMI FL 33137 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1991

4. FEI Number
65-0260382

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 owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☐ No

2. Principal Place of Business 21 133 N. MONTCLAIR AV Suite, Apt. #, etc. 22 City & State 23 DALLAS TX Zip 24 75208 Country 25 U.S.A.	2a. Mailing Address 26 133 N. MONTCLAIR AV. Suite, Apt. #, etc. 27 City & State 28 DALLAS TX Zip 29 75208 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent

POLISAR, STEVE
930 WASHINGTON AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JILL	1.2 NAME	
STREET ADDRESS	111 N.E. 42ND STREET	1.3 STREET ADDRESS	133 N. MONTCLAIR AVE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	DALLAS TX 75208
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JAY R.	2.2 NAME	
STREET ADDRESS	111 NE 42ND STREET	2.3 STREET ADDRESS	133 N. MONTCLAIR AVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	DALLAS TX 75208
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 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:

JM Peterson

8 JAN 1998

214 943 2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0517684

CR2E034 (10/97)