

**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 # **S77066** (6)  
1. Corporation Name  
**TOSOFIM, INC.**



Principal Place of Business: **1 OAKWOOD BOULEVARD SUITE 265 HOLLYWOOD FL 33020**  
Mailing Address: **1 OAKWOOD BOULEVARD SUITE 265 HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **08/27/1991** 3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **65-0279925** 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

21. Principal Place of Business: **15800 SW 88 street** 22. Suite, Apt. #, etc.:  
22. City & State: **Miami Florida** 23. Zip: **33196** Country: **USA**  
24. Mailing Address: **15800 SW 88 street** 25. Suite, Apt. #, etc.:  
25. City & State: **Miami Florida** 26. Zip: **33196** Country: **USA**

9. Name and Address of Current Registered Agent: **FACTOR, MICHAEL 1 OAKWOOD BLVD. SUITE 265 HOLLYWOOD FL 33020**  
10. Name and Address of New Registered Agent:  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>STRELITZ, BRIAN L.</b>		1.2 NAME:	
STREET ADDRESS: <b>1 OAKWOOD BLVD #285</b>		1.3 STREET ADDRESS: <b>15800 SW 88 street</b>	
CITY-ST-ZIP: <b>HOLLYWOOD FL</b>		1.4 CITY-ST-ZIP: <b>Miami FL 33196</b>	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>STRELITZ, JEANNETTE</b>		2.2 NAME:	
STREET ADDRESS: <b>1 OAKWOOD BLVD #285</b>		2.3 STREET ADDRESS: <b>15800 SW 88 street</b>	
CITY-ST-ZIP: <b>HOLLYWOOD FL</b>		2.4 CITY-ST-ZIP: <b>Miami FL 33196</b>	
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 do hereby certify that the information furnished 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 included in 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, director or registered agent 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 in character and on an attachment with an address.

SIGNATURE: **Brian L. Strelitz** 1/23/96 305-380-8082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)