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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Secretary DIVISION OF CC		2	NS .					
DOCUN 1. Corporation	MENT # V	31507	(9)								
T.O.L.	INTERNATIONAL,	INC.									
Principal Place	of Business	Mailing Address									
4806 NW 167 STREET Miami FL 33014 US			5975 W SUNFRISE BLVD STE - 205D SUNFRISE FL 33013 US			3. Date incorporated or Qualified 3a. Date of Last Report 04/23/1992 04/07/1995					
2. Principa ^t Pla	ice of Business		2a. Mailing Address				4. FET Number 65-0342179		.l Y	1	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5, Certificate of Status Des	ired	י י י י י י י י י י י י י י י	\$8.75	Additional
City & State			City & State				6. Election Campaign Finar	ncing		\$5.00	Required May Be
23 Zip	Country		28 - Zφ	Cour	 ntry		Trust Fund Contribution 8. This corporation has fiable Florida Statutes		ntangible ta		d to Fees 199.032,
24	25 9. Name and Addre		29 egistered Agent	[30]			10. Name and Address of			Agent	
2ND FLO 930 WA	ROTHLEIN, JAY 2ND FLOOR, INTERCONTINENTAL BANK 930 WASHINGTON AVE. MIAMI BEACH FL 33139						iddress (P.O. Box Number is Not Ar	ceptab	FL	85 Z ₁	o Cade
or registere familiar wit SIGNATURE	o the provisions of Sections of Sections of Sections of Agent, or both, in the high and accept the obligations of the following the treet of protections of the sections of th	State of Florida. Stions of, Section (Such change was authorizi 607.0505, Florida Statutes	ed by the c	orpe	oration's t	rporation submits this statement for poard of directors. I hereby accept to greatwise resisting.	the purp he appo	nose of cha	nging its registered	egistered office agent. I am
12.		FFICERS AND DI		13.		т	ADDITIONS/CHANGES	TO OFFI			
TITLE NAME STREET ADDRESS	VPT Daniel L. Damm 5975 W. Sunrisi	BLVD.	☐ DELETE	1 1 TI 1.2 NA 1.3 STI	ME	ADDRESS.			L	Change	☐ Addition
CITY - ST - ZIP TITLE NAME	SUNRISE FL 33313 EVP YANIV DAGAN		☐ DELETE	2 111	1.4 CITY - ST - ZIF 2 1 TILLE 2 2 NAME					Change	Addition
STREET ADDRESS CHY+ST-ZIP	4806 NW 167 ST MAIAM FL 33014	REET		2 3 STI 2 4 CtT		ADDRESS L-ZIP					
THILE NAME STREET ADDRESS	PDS PJINCHAS DAGA 4806 NW 167TH		DETETE			ADORESS	Pinchas		Ţ	X Change	Addition
CHY-SI-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33014		☐ DELETE	3 4 C II 4. 1 T I 4 2 NA 4 3 S I	TLF	I-ZIP Address			Γ	Change	☐ Addition
CHY-SI-ZIP THLE NAME			DELEIE	4.4 Cri 5 1 Tr 5 2 NA	TLF				[Change	Addit:on
STREET ADDRESS CITY-ST-ZIP TILE			DELETE	53 SI 54 CII 6 1 TI	Jy-S	ADDRESS 1-7P				Change	Addition

14. I do nereby 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 certify that I am an officer or director of the corporation or the receiver or trustee supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adaptivent with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(No. 1997) The reserved of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an adaptive or trustee of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by one an adaptive or trustee of powered to execute this report as required by Chapter 607, Florida Statutes. I further certification of the exemption o

6.3 STREET ADDRESS

STREET ADDRESS