|   | TIGE: CORPORATION WILL BE D<br>ON <b>OR</b> BEFORE 9/17/97: \$550 (IF DIS       |   |  |  |   | · ·                                   | $\omega_{i}$                   |          |
|---|---|---|--|--|---|---------------------------------------|--------------------------------|----------|
| PROFIT FLORIDA DEPARTMENT   |   |   |  |  | · ·   |                                       |                                |          |
| CORPORATION ANNUAL REPORT Secretary of State Division of Corpore          |   |   | Mortham                                  | FILED  |   |                                       |                                |          |
|   |   |   | •  |  | 97 JUL 1:   | 8 AM 11:                              | 14                             |          |
| DOOLIS IT II AAAAAAA (A)  |   |   |  |  | TALLAMASSEE, FLORIDA  |                                       |                                |          |
| 1. Corporation Name   |   |   |  |  | TALLAHAS:   | SEE, FLOR                             | IDA                            |          |
| TOKO T  | RADING CORPORATION  |   |  |  | 1 ( <b>0.1</b> )  |                                       | . 6.6.a 616.a 6c6a (66)        |          |
|   |   |   |  |  |   |                                       |                                |          |
| Principal Place of Business Mailing Address                               |   |   |  |  | 3 1001 0 1100 0 11110 11010 11010 BB(1) 0   | ·BAL OLDEF OIDIL OIDI                 | · BIBIN BIBIN QUUEN APPN       |          |
| 6300 N.W. 84TH AVENUE 6300 N.W. 84TH AVENUE MIAMI FL 33166 MIAMI FL 33166 |   |   |  |  |   |                                       |                                |          |
|   |   |   |  |  | DO NOT WRIT  3. Date Incorporated or Qualified  | E IN THIS SPA                         | of Last Report                 | _        |
|   |   |   |  |  | 04/29/1992  | 01/23                                 |                                |          |
| 2. Principal Pia<br>21 8/8/   | Ace of Business   | 2a. Mailing Address   | 1365×15/                                 | REE!   | 4. FEI Number 65-0332021  |                                       | Applied For<br>Not Applicat    |          |
| Sulte, Apt. #   | <del> </del>  | Suite, Apt. #, etc.   | 1  | NOU!   | 5. Certificate of Status Desired  | □ \$                                  | 8.75 Additional                | ,,,,     |
| 22  | <del></del>   | 27  | 13 /                                     |  |   |                                       | Fee Required                   |          |
|   | +1111   | 28 MANI   | FL                                       |  | 6. Election Campaign Financing<br>Trust Fund Contribution   |                                       | \$5.00 May Be<br>Added to Fees |          |
| Zip F1  | Country   | Zip   | Country                                  |  | 8. This corporation owes or has p   |                                       |                                |          |
| 24 / 4  | 9. Name and Address of Currer   |   | 10                                       | l  | Personal Property Tax due Jun  10. Name and Address of New R  |                                       |                                |          |
|   | XANDER, BRAD  |   | 81 Name                                  | 3  |   |                                       |                                |          |
| 1444 BISCAYNE BLVD.<br>#220   |   |   |  | Addres   | ss (P.O. Box Number is Not Accepta  | ble)                                  |                                |          |
| #220<br>MIAMI FL 33132  |   |   | 83                                       |  |   |                                       |                                | _        |
|   |   |   | 84 City                                  |  |   | 8                                     | 5 Zip Code                     | _        |
| 11. Pursuant to   | the provisions of Sections 607 050  | 2 and 607 1508. Florida Statutes                                      | the above-name                           | d cornor   | ration submits this statement for the   | FL Durnose of cha                     | naina its register             | - A      |
| office or re  | gistered agent, or both, in the State<br>of familiar with, and accept the oblig | of Florida. Such change was aut                                       | thorized by the co                       | rporation  | n's board of directors. I hereby acce   | pt the appoint                        | nent as registered             | i        |
| SIGNATURE   |   | GOTE I  | 5  |  | Total   | DATE:                                 |                                | _        |
| 12.   | ilgnature, typed or printed name of registered ago<br>OFFICERS AN               | D DIRECTORS   | Registered Agent signatur                | Le tedmica                                       | ADDITIONS/CHANGES TO OFFI   | DATE<br>ICERS AND DIF                 | RECTORS IN 12                  | $\dashv$ |
| TITLE   | DPV   | DELETE  | 1.1 TITLE                                |  | <i>c</i> -/   |                                       | Change                         |          |
| NAME<br>STREET ADDRESS  | VAN DER BOON, TOM<br>6300 NW 84TH AVENUE  |   | 1.2 NAME<br>1.3 STREET ADDRESS           | 81   | 81 NW 36TH STR  | EET, E                                | wiTE 13                        | A        |
| CITY-ST-ZIP   | MIAMI FL 33166  |   | 1.4 CITY-ST-ZIP                          |  |   | •                                     |                                |          |
| TITLE   | ST  | ☐ DELETE  | 2.1 TITLE                                | ľ  | 81 NW 3 brn Str   | K                                     | Change                         | on       |
| NAME<br>STREET ADDRESS  | VAN DER BOON, TOM<br>6300 NW 84TH AVENUE  |   | 2.2 NAME 2.3 STREET ADDRESS              | 81   | 81 NW 3 brw STA   | AFT 1                                 | 12/725/3                       | A        |
| CITY-ST-ZIP   | MIAMI FL 33168  |   | 2.4 CITY-ST-ZIP                          |  |   | 661, 1-                               |                                | ·        |
| TITLE   |   | DELETE  | 3.1 TITLE                                |  |   |                                       | Change Additi                  | on       |
| STREET ADDRESS  |   |   | 3.2 NAME<br>3.3 STREET ADDRESS           |  |   |                                       |                                |          |
| STREET NOUNCOS  |   |   | 3.4. CITY-ST-ZIP                         |  | 9000023   | 2453                                  | 592                            | •        |
| TITLE   |   | DELETE  | 4 1 TITLE                                |  | -07/23  | /97 <del>010</del>                    | \$65°~0≥1 Additi<br>***165.00  | on       |
| NAME<br>DEDECT ADDRESS  |   |   | 4. 2 NAME                                |  | कककर्⊥ः   | 33.UU ₹                               | ***100.UU                      |          |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | 4.3 STREET ADDRESS  4.4 CITY-ST-ZIP      |  |   |                                       |                                | -        |
| TITLE   | · <del></del>   | DELETE  | 51 TITLE                                 |  |   |                                       | Change                         | on       |
| NAME  |   |   | 52 NAME                                  |  |   |                                       |                                |          |
| STREET ADDRESS  |   |   | 5 3 STREET ADDRESS                       | l  |   |                                       |                                |          |
| CITY-ST-ZIP<br>TITLE  | * <del>* *****</del>  | ☐ DELETE  | 54 CITY-ST-ZIP<br>61 TITLE               | <del>                                     </del> |   |                                       | Change                         | ᇑ        |
| NAME  |   |   | S2 NAME                                  |  |   | _                                     |                                |          |
| STREET ADDRESS  |   |   | 63 STREET ADDRESS                        |  | •   |                                       |                                |          |
| 14. I do hereb  | certify that the information supplie  | d with this filing deer not district                                  | 64 CITY-ST-ZIP                           | stated in  | n Section 119.07(3)(i). Florida Statut  | es. I further cer                     | tify that the                  | _        |
| information<br>am an off  | indicated on this annual report or sicer or director of the corporation or      | supplemental annual report is true<br>the receiver or trustee empower | e and accurate an<br>red to execute this | d that m   | n Section 119.07(3)(i), Florida Statut<br>ny signature shall have the same leg<br>as required by Chapter 607, Florida | al effect as if m<br>Statutes; and ti | lade under oath; t             | nat      |
| appears in  | Block 12 or Block 13 if changed, o  | r on an attachment with a laddre                                      | ess.                                     |  |   | 2 /20                                 |                                | - 1      |



PJ.2

July 15, 1997

DIVISION OF CORPORATION ATTN ANNUAL REPORT SECTION P.O. BOX 6327 TALLAHASSEE, FL 32314

Re 65-0332021

Dear Sir/Madam,

Today we received a 'second notice for 1997 Profit Corporation Annual Report packet' in the mail.

Unfortunately we never received the previous packet and therefore we would appreciate you to consider to accept the original filing fee of US\$ 165.— instead of US\$ 550.—.

In previous years we always mailed in the report and the check immediately upon receipt of your packet.

We are very sorry to bother you, but would very much appreciate your cooperation in this matter.

Without any further particular for the moment,

Cordially,

Tom van der Boon