FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90136 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V32200**

1. Corporation Name

TOKO TRADING CORPORATION

Principal Place of Business Mailing Address						L (REAL BUILDE AUG	i ilgir ulbu eb iki eb ik olu	IN Gra nk G rank Grank de	idii didii taat
8181 N.W. 36TH		8181 N.W. 36TH STREET							
SUITE 13A	· Ornizer	SUITE 13A					UO 0010E		
MIAMI FL 33166 MIAMI FL 33166						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						3. Date incorporated (or Qualited		
2 Dringing Di	and of Business	2a. Mailing Address				4. FEI Number		App	lied For
	ace of Business	-				65-0332021			Applicable
Suite, Apt.	# etc	26Suite, Apt. #, etc ~						\$8.75-A	
22	<u> </u>	27				5. Certifcate of Status	Desired 📙	Fee Rec	
City & State	3	City & State				6. Election Campaign	Financing	\$5.00	Vlay Be
23		28				Trust Fund Contrib	ution	Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation ov	ves the current year		_
24	. 25	29	30			Personal Property	Гах	☐ Yes .	⊉ No
	9. Name and Address of Current	Registered Agent				10. Name and Addres	s of New Register	ed Agent	
444	museus Marita!	LEN JOHNNE		81 Na	ame				İ
MAXINILIEN, T MAXINILIEN, JOANNE				82 St	reet Addre	ss (P.O. Box Number is	Not Acceptable)		
11325 NW 62ND TERR									
MAN	11 FL-33108 3,3178			83		•			
			-	84 Ci	tv			. 85 Zip C	ode
(1)				ļ	•		<u>F</u>		
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.									
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	tez		, , , , , , , , , , , , , , , , , , , ,	/		
SIGNATURE	/ // Ton vi	AN DER DOON	/	RE	FS/2	ENT	01/0	199	
	Signature, typed or purited name of registered agent		Registered /	Agent sign	ature required	when reinstating) ADDITIONS/CHANG	DATE PS	AND DIRECTOR	2S IN 12
12.	DPV OFFICERS AND	DIRECTORS	1.1 TIT			ADDITIONS/CHARC	SES TO OTT TOLKS	☐ Change	Addition
TITLE			1.2 NA		Į			,	_
NAME	VAN DER BOON, TOM				DECC.	,			
STREET ADDRESS	8181 N.W. 36TH STREET, SUITE 13A			REET ADO	KESS				
CITY-ST-ZIP	MIAMI FL 33166			Y+ST-ZIP LE	- 			☐ Change	Addition [
TITLE				ME				_ ,	_
NAME	17.11 BE11 BOO11, 10.11			REET ADD	pree	/			٠,
STREET ADDRESS	8181 N.W. 36TH STREET, SUITE 13A			TY-ST-ZIF					
CITY-ST-ZIP TITLE				LE LE	-			Change	Addition
			3.2 NA		İ				
NAME STREET ADDRESS				REET ADD	RESS				
CITY-ST-ZIP	1		ŧ	TY-ST-ZIF					
TITLE		☐ DELETE	4.1 111		1			Change	Addition
NAME			4 2 NA	ME					}
STREET ADDRESS			4.3 ST	REET ADD	RESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE				☐ Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET ADD	RESS				ĺ
CITY-ST-ZIP	•	_	5.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 T/T	LE				☐ Change	☐ Addition
NAME			6.2 NA	ME					ľ
PTOCCT ADDRESS		./	6.3 STI	REET ADD	RESS				i

14. I hereby certify that the information supplied with this fling 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 enjury 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 of 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 atachprish with an address, with all other like empowered. PRESIDERIT

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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