

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Monham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F25266** (0)
 1. Corporation Name
TOPS PLUS, INC.

Principal Place of Business: 122225 W. 128 ST. MIAMI FL 33186
 Mailing Address: % URSULA J. VACCARO 10531 S.W. 118 ST. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1981**
 3a. Date of Last Report: **04/29/1994**
 4. FEI Number: **59-2070021**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under C. 193.022, Florida Statutes: Yes No

2. Principal Place of Business: 21 **12222 SW 128 ST**
 Suite, Apt. #, etc.:
 22 **Miami Fl.**
 City & State: **Miami Fl.**
 Zip: **33186** County: **Dade**
 26 **12222 SW 128 ST**
 Suite, Apt. #, etc.:
 27 **Miami Fl.**
 City & State: **Miami Fl.**
 Zip: **33186** County: **Dade**

9. Name and Address of Current Registered Agent
VACCARO, URSULA J
10531 S.W. 118 ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name: **URSULA J. VACCARO**
 82 Street Address (P.O. Box Numbers Not Acceptable): **10531 SW 118 ST**
 83
 84 City: **Miami** FL 85 Zip Code: **33176**

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: *Ursula J. Vaccaro*
 Signature, typed or printed name of registered agent and date (month/day/year)

3-14-95

12. OFFICERS AND DIRECTORS

TITLE	VPPT
NAME	VACCARO, URSULA J
STREET ADDRESS	10531 SW 118 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby 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 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, on an attachment with an address.

SIGNATURE: *Ursula J. Vaccaro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-95(305)233-313