PROFIT CORPORATION ANNUAL REPORT...

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F03095 1. Corporation Name

THE TRE	E TOP REALTY, INC.						
Principal Place	e of Business	Mailing Address			-		IPII 41911 1111
175 FONTAINEBLEAU BLVD #2K-4 MIAMI FL 33172 175 FONTAINEBLEAU BLVD #2K-4 MIAMI FL 33172						wo 00105	
					DO NOT WRITE IN TH	IS SPACE	
					10/24/1980	•	
,2. Principal Place of Business 2a. Mailing Address				•	4. FEI Number	Apr	plied For
21 26					59-2226104		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Rec	
City & State City & State					6. Election Campaign Financing	·\$5.00	May Be
23 28					Trust Fund Contribution	Added to	o Fees
Žip 24	Zip Country Zip Cou			•	This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
A1124	DET DAMBET II CAMA		81	Name			
ALVAREZ-RAMIREZ, ILEANA 8568 N.W. 8TH STREET			82	Street Addres	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33126			83				
INUAN	11 1 2 30 120		83				
·			84	'	F		j
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was autho	rized by	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its i ointment as reg	registered jistered
-	Signature, typed or printed name of registered agent		stered Ager	nt signature required v			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
TITLE	•		1.1 TITLE			Criange	Li Addition
NAME	TO THE TO STATE AND A STATE OF THE STATE OF		1.2 NAME 1.3 STREET	T ADDDEED			
STREET ADDRESS			1.3 STREE				
CITY-ST-ZIP			2.1 TITLE	+*21		☐ Change	Addition
NAME .	22N		2.2 NAME	4-d. 4			•
STREET ADDRESS	ADDRESS 2.3 S		2.3 STREET	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP		***	
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET				ļ
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	□ Addition
TITLE			4.1 TITLE			Change	☐ Addition
NAME:			4.2 NAME	i i	,		
STREET ADDRESS				T ADDRESS			1
CITY-ST-Z/P			4.4 CITY-S 5.1 TITLE	1-ZIP		☐ Change	Addition
TITLE .			5.2 NAME				
NAME STREET ADDRESS				TADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S	l			ļ
TITLE	- CIP		6.1 TITLE			Change	Addition
NAME			6.2 NAME]

14. I hereby certify that the information supplied with this filing 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 angual 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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

000 TIEANA ALVAREZ-RAMIREZ

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90220 018 ***150.00