

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93087

(7)

1. Corporation Name

TOP QUALITY FINISHERS, INC.



Principal Place of Business

% CASIMIRO A SABOYA
1754 BIARRITZ DRIVE
MIAMI BEACH FL 33141

Mailing Address

% CASIMIRO A SABOYA
1754 BIARRITZ DRIVE
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

08/03/1982

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

21 2780 N.W. 122 Street

Suite, Apt. #, etc.

22

City & State

23 miami, FL

Zip

24 33167

Country

2a. Mailing Address

26 2780 N.W. 122 Street

Suite, Apt. #, etc.

27

City & State

28 miami, FL

Zip

29 33167

Country

4. FEI Number

59-2214758

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SABOYA, CASIMIRO A
1754 BIARRITZ DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 11.07.1508, 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SABOYA, MARIA E
CITY-ST-ZIP 1754 BIARRITZ DR.
MIAMI BCH. FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SABOYA, CASIMIRO A
CITY-ST-ZIP 1754 BIARRITZ DR.
MIAMI BCH. FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SABOYA, SARA
CITY-ST-ZIP 1754 BIARRITZ DR.
MIAMI BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address.

SIGNATURE: Casimiro Saboya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Casimiro Saboya 4/30/96 305 658-8174
Date Daytime Phone #

CR2E034 (12/95)