

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **G65578** (8)  
1. Corporation Name  
**TOPKA CORP.**Principal Place of Business  
**9397 N.W. 13TH STREET  
MIAMI FL 33172**Mailing Address  
**9397 N.W. 13TH STREET  
MIAMI FL 33172-2807**

3. Date Incorporated or Qualified <b>10/18/1983</b>	3a. Date of Last Report <b>02/15/1996</b>
4. FEI Number <b>59-2334296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

## 9. Name and Address of Current Registered Agent

**KLIP, JUAN MARTIN  
1211-88 STREET  
BAY HARBOR ISLANDS FL 33154**

## 10. Name and Address of New Registered Agent

81. Name <b>JACKIE GERO FB&amp;G</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1 SE 3 AVE STE 1900</b>
83.
84. City <b>MIAMI</b>
85. Zip Code <b>FL 33131</b>

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: **JACKIE GERO** (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **1-24-97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, ROBERTO</b>		1.2 NAME	
STREET ADDRESS <b>9446 NW 13 ST. BAY 62</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>MARIA T. DEMORI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KLIP, JUAN M.</b>		2.2 NAME	
STREET ADDRESS <b>1211 88 ST.</b>		2.3 STREET ADDRESS <b>5051 NW 93 DORAL CIR. G.</b>	
CITY-ST-ZIP <b>BAY HARBOR ISL. FL</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33178</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-592-0386

Daytime Phone #

CR2E034 (9/96)