FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 20 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # K04881

1. Corporation Name

TOP SHOP INC

Principal Place of Business	Mailing Address
10201 HAMMOCKS BLVD #139 MIAMI FLORIDA 33196	10201 HAMMOCKS BLVD #139 MIAMI FLORIDA 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/4/87
3a. Date of Last Report: 1994

2. Principal Place of Business
21: 10201 HAMMOCKS BLVD
22 Suite, Apt. #, etc: #139 MIAMI FLA 33196
23 City & State:
24 Zip: 33196
25 Country: USA

2a. Mailing Address
26: 10201 HAMMOCKS BLVD
27 Suite, Apt. #, etc: #139 MIAMI FLA 33196
28 City & State:
29 Zip: 33196
30 Country: USA

4. FEI Number: 59-252-6331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

L ELISE LONEY
12705 S.W. 95TH CT
MIAMI FLA 33176

10. Name and Address of New Registered Agent

81 Name: L. ELISE LONEY
82 Street Address (P.O. Box Number is Not Acceptable): 12705 S.W. 95TH CT
83: MIAMI
84 City: FLA **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: L. Elise Loney — L. ELISE LONEY — 5/95
Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY L. ELISE LONEY 10201 HAMMOCKS BLVD #139 MIAMI FLA 33196	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT JULIETTE WILLIAMS 923 RIDGELAND DR. MIAMI FLA 33157	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	OFFICER FEZIL'E WILLIAMS 13542 S.W. 179TH ST MIAMI FLA 33177	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition AL 6/20

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: L. Elise Loney — L. ELISE LONEY — 5/95 — 387-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #