

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 17 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K10372**

**(6)**

1. Corporation Name

**TOP IMPORT & EXPORT CO. INC.**

Principal Place of Business

**906 NE 79 ST  
MIAMI FL 33136**

Mailing Address

**906 NE 79 ST  
MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/31/1987**

3a. Date of Last Report  
**01/20/1994**

4. FEI Number  
**65-0033675**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARONOVSKI, JAIME  
6039 COLLINS AVENUE #1205  
MIAMI FL 33140**

81 Name

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

83

84 City

**FL**

85 Zip Code

14. 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 *Jaime Aronovski*

(NOTE: Registered Agent signature required only when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**  
NAME **ARONOVSKI, JAIME**  
STREET ADDRESS **6039 COLLINS AVENUE #1205**  
CITY - ST - ZIP **MIAMI BEACH FL**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **RICARDO ARONOVSKI**  
1.3 STREET ADDRESS **6039 COLLINS AVE #1205**  
1.4 CITY - ST - ZIP **MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**400001410524**  
**-02/20/95--01062--025**  
**\*\*\*\*200.00 \*\*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 110.07(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:

WITNESS AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-95**