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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003216 (8)

1. Corporation Name

TOP PERFORMANCE SEMINARS, INC.



Principal Place of Business

Mailing Address

9208 S.W. 147TH CT.
MIAMI FL 33196

14457 SW 83 STREET
MIAMI FL 33183-3901

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0532569

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.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARZA, RALPH
9208 S.W. 147TH CT.
MIAMI FL 33196

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PSD
NAME ARZA, RAPHAEL
STREET ADDRESS 9921 NW 51 ST. LANE
CITY-ST-ZIP MIAMI FL

1.1 TITLE PSD
1.2 NAME RAPHAEL ARZA
1.3 STREET ADDRESS 9921 NW 51th. Lane
1.4 CITY-ST-ZIP miami FL 33178

TITLE VTD
NAME RODRIGUEZ, ROLANDO
STREET ADDRESS 14457 SW 83 STREET
CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME RODRIGUEZ, RON
STREET ADDRESS 786 NW 164 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE D
NAME BETHEL, CHARLES
STREET ADDRESS 8441 NW 197 TERR
CITY-ST-ZIP MIAMI FL 33189

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

TITLE D
NAME CRUZ, ROBERT
STREET ADDRESS 9920 SW 139 ST
CITY-ST-ZIP MIAMI FL 33178

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, 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

5/1/97

CR2E037 (9/96)