

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



PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P93000010885 (0)
1. Corporation Name
TOP LEVEL, INC.

Principal Place of Business		Mailing Address	
17890 W. DIXIE HWY SUITE 707 MIAMI FL 33160		17890 W. DIXIE HWY SUITE 707 MIAMI FL 33160	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	Country	28 Zip	Country
25	29	30	

9. Name and Address of Current Registered Agent

VEGA, JOSE M.
25 S.E. 2ND AVE. #201
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
02/05/1993	
4. FEI Number	
65-0386546	
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
□ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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 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

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	
<p>PS ZALCBERG, MAURICIO 17890 W. DIXIE HWY, SUITE 707 MIAMI FL</p> <input type="checkbox"/> DELETE		<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p></p> <input type="checkbox"/> DELETE		<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p></p> <input type="checkbox"/> DELETE		<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p></p> <input type="checkbox"/> DELETE		<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p></p> <input type="checkbox"/> DELETE		<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<p></p> <input type="checkbox"/> DELETE		<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p> <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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:

[Handwritten Signature] *Mauricio Zalberg* *Page 4/68 305-937-3853*

CR2E034 (10/97)