

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076861 (2)
1. Corporation Name

TOP FLIGHT & TRADE, INC.



Principal Place of Business: **3835 N ANDREWS AVE STONEMARK PLAZA FT LAUDERDALE FL 33309**
Mailing Address: **3835 N ANDREWS AVE STONEMARK PLAZA FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0447471**
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
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**SANCHEZ, RICARDO S
3835 N ANDREWS AVE
STONEMARK PLAZA
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (601b: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
11 TITLE: DELETE
NAME: **D PEREIRA, EBENEZER**
STREET ADDRESS: **3835 N ANDREWS AVE STONEMARK PLAZA FT LAUDERDALE FL 33309**
CITY-ST-ZIP: **FT LAUDERDALE FL 33309**
12 TITLE: DELETE
NAME: **D DE SOUZA, CALAB O**
STREET ADDRESS: **3835 N ANDREWS AVE STONEMARK PLAZA FT LAUDERDALE FL 33309**
CITY-ST-ZIP: **FT LAUDERDALE FL 33309**
13 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
14 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
15 TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY-ST-ZIP: _____
21 TITLE: Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY-ST-ZIP: _____
31 TITLE: Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY-ST-ZIP: _____
41 TITLE: Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY-ST-ZIP: _____
51 TITLE: Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY-ST-ZIP: _____
61 TITLE: Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 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 119.07(3)(k), Florida Statutes. I further certify that the information revealed 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: **EBENEZER PEREIRA**

07/29/96 (954) 565-104P
Date: _____ Date Filed: _____

CR2E034 (3/96)