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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000076861 (2)

TOP FLIGHT & TRADE, INC.

FILED Feb 12 1997 8:00am Secretary of State

	1214 1111 46 111	 I 18818 BILDS (B):	
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Principal Place of Business Mailing Address										
3835 N AND	REWS AVE	3835 N ANDREWS AVE STONEMARK PLAZA FT LAUDERDALE FL 33309-5263								
						3. Date Incorporated or Qualified 11/05/1993	,	ate of Last F 05/1996	Report	
2. Principa'	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				65-0447471			of Applicable	
Suite, Ap		27				5. Certificate of Status Desired				
City & Sta 23	City & State City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Z _I p	_	intry		8. This corporation has liability for			s. 199.032,	
24	25		30	,			Yes			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	glatered .	Agent		
	ANCHEZ, RICARDO S			81	Name					
	135 N ANDREWS AVE FONEMARK PLAZA			B2	Street Ad	dress (P.O. Box Number is Not Acceptat	le)	····		
	LAUDERDALE FL 33309			83		<u> </u>				
				84	City	······································	FL	85 Zip	Code	
11. Pursuar	nt to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the a	pove	named co	rporation submits this statement for the pation's board of directors. I hereby accept		changing i	ts registered	
office or agent. I	r registered agent, or both, in the State I am familiar with, and accept the oblig	of Florida, Such change was au pations of, Section 607.0505, Flori	ithorize ida Stat	d by tutes	the corpor	ation's board of directors. I hereby accep	of the app	ointment as	s registered	
SIGNATURE	\$ gnature typed or printed name of registered ag	AND CONTRACTOR OF THE PROPERTY	Danistana			gulred when reinstating)	DATE			
12,		ID DIRECTORS	13.	u nye	n alghatore rec	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
1iTLE	D	DELETE	1.1 (TLE				Change	Addition	
NAME	PEREIRA, EBENEZER		1.2 N	AME						
STREET ADDRESS	AASE AL SUBDENIA ALE ATOL	IEMARK PLAZA	1.3 \$1	1.3 STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33309		7	ITY-ST	- 1				İ	
TITLE	D	DELETE	2.1 11					☐ Change	☐ Addition	
NAME	DE SOUZA, CALAB O		2.2 N	AME						
STREET ADORESS	AAAR II ALIBERTIIA ALE ATAL	IEMARK PLAZA	2.3 STREE		ADDRESS					
CITY - ST-ZIP	FT LAUDERDALE FL 33309		2.40	ITY-S	r-zip					
TITLE		DELETE	3.1 TI				·····	Change	Addition	
NAME			3.2 N	AME.	1				:	
STREET ADDRESS	s		3.3 ST	TREET	address					
CITY-ST-ZIP			3 4. C	aty-s	r-zip					
TITLE		DELETE	41 TI					Change	☐ Addition	
NAME			4 2 N	IAME						
STREET ADDRESS	s		4.3 S	TREET .	ADDRESS					
CनY-ST-ZiP			4.4 C	(TY-ST	- ZIP					
TITLE		☐ DELETE	5.1 T					Change	Addition	
NAME			5.2 N	AME						
STREET ADORESS	s J		5.3 S	TREET	address					
CITY-ST-ZIP			5.4 C	TY-ST	- ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	Addition	
NAME			6.2 N	AME						
STREET ADORESS	s		6.3 S	TREET.	ADDRESS					
CITY-ST-ZIP			B.	ITY-\$1					:	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in order adaptment with an address.

SIGNATURE:

LIGHT SIGNING OF SIGNING OFFICER OR DIRECTOR

08/05/97

(954)565-1048 Daytime Phone #