SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 28 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033505 (6)

1. Corporation Name

TOP GUN ALL STARS, INC.

Principal Place of Business	Mailing Address
9511 FONTAINEBLEAU BLVD. UNIT 617 MIAMI FL 33172	9511 FONTAINEBLEAU BLVD. UNIT 617 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8695 N.W. 6LN	26 8695 N.W. 6LN
22 Suite, Apt. #, etc. # 206	27 Suite, Apt. #, etc. # 206
23 City & State MIAMI / FL	28 City & State MIAMI / FL
24 Zip 33126 25 Country U.S.A.	29 Zip 33126 30 Country USA

4. FEI Number: 65-0487621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electronic Document Delivery ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	RODRIGUEZ, ADAM J	12 NAME	VICTOR ROSARIO
STREET ADDRESS	9511 FONTAINEBLEAU BLVD., UNIT 617	13 STREET ADDRESS	8695 N.W. 6LN #206
CITY-ST-ZIP	MIAMI FL 33172	14 CITY-ST-ZIP	MIAMI / FL / 33126
TITLE		21 TITLE	SECRETARY ☒ Change ☐ Addition
NAME		22 NAME	KRISTEN CARODDO
STREET ADDRESS		23 STREET ADDRESS	8695 N.W. 6LN #206
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI / FL / 33126
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	700001551257
STREET ADDRESS		33 STREET ADDRESS	-08/02/95--01002--003
CITY-ST-ZIP		34 CITY-ST-ZIP	****225.00 ****225.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	7/28/95 MB

CR2E034 (3/95)

14. I (We) 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)(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 asterisk.

SIGNATURE: Victor Rosario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95
Date

673-3797
Daytime Phone #

0000220 CP