

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000043204 (4)

1. Corporation Name
TOP SEED INC.

Principal Place of Business
**742 EL VEDADO
WEST PALM BEACH FL 33405**

Mailing Address
**742 EL VEDADO
WEST PALM BEACH FL 33405**

FILED

1995 JUL 13 AM 9:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/06/1994	3a. Date of Last Report N/A
4. FEI Number 65-0494072	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. 189.032, 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ZAMORA, JUAN C
742 EL VEDADO
WEST PALM BEACH FL 33405**

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		(NOTE: Registered Agent signature required when re-registering)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	ZAMORA, JUAN C	1.1 TITLE	☐ Change ☐ Addition		
STREET ADDRESS	742 EL VEDADO	1.2 NAME			
CITY - ST - ZIP	WEST PALM BEACH FL 33405	1.3 STREET ADDRESS			
		1.4 CITY - ST - ZIP			
TITLE	D	2.1 TITLE	☐ Change ☐ Addition		
NAME	PEREZ, ERNESTO J	2.2 NAME			
STREET ADDRESS	853 KAYE ST	2.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33405	2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

Daytime Phone #