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

PROFIT CORPORATION ANNUAL REPORT



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

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**DOCUMENT #** 

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TOP SEWING	<b>CONTRACTOR INC</b>	) }•

Principal Place	of Business	Maing Address	· <del></del> · · · · · · · · · · · · · · · · · ·		
4820 S.W. 7		4820 S.W. 75TH AVE	·,		
MIAMI FL 33	3155	MIAMI FL 33155			
				3. Date Incorporated or Qualified 07/27/1994	3a. Date of Last Report 04/27/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. f El Number	Applied For
21		26		65-0507455	Not Applicable
Suite, Apt		Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del></del>	Orty & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for it	
24	9. Name and Address of Cur	[29]	30	Florida Statutes 🔣 Yes	
	g. Name and Address of Cur	eni negistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
DA 14 DE	O LABOR		OT 14ame		
	:S, JAIME W. 117TH ST.		82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e;
	W. 117111 St. FL 33155		83		
MUMBIT	L 33133				
			84 City		<b>FL 85</b> Zφ Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of FI th, and accept the obligations of Si Sgral to the disciplination esting treats	ond'r Such change was authori oders COZDEOS, Floreda Statute	zed by the corporation's he	oration submits this statement for the purp and of directors. I hereby accept the appo	intrnent as registered agont. Lam
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
HILE	PD	☐ DELETE	1 1 Tille		Change Addition
NAME	PAJARES, JAIME		1.2 NAME		
STREET ADDRESS	7460 S.W. 117TH ST.		13 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33156		14 O(TY - ST - Z.P		
TI*LF	SVD	☐ DELETE	2 1 TIFLE		Change Addition
NAME	PAJARES, DOMINGA		2.2 NAME		
STREET ADDRESS	7460 S.W. 117TH ST.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33156	F'1 brect	2 4 CHY - \$1 - ZIP		
NAME		[]] DELETE	3 1 1/11		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3 4 0 (1Y - ST 24F 4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 CITY - ST- ZIP		
TITLE		☐ CELETE	5 1 TBGE		Change Addition
NAME			5.2 NAME		<del></del>
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY - ST - ZiP		
TITLE		DELETE	6 1 FIT.E		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
B. W	i .				

14. I do hereby certify that the information supplied with this firing 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 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 13 if changed, or on an attachment with an address

SIGNATURE:

Jaime Pajares, President.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIR

4. 26-96-264-4737

CR2E034 (12/95)