

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33634
Telephone: (813) 224-2000

APPROVED
AND
FILED

DOCUMENT # **P94000066217 (8)**

MAY 11 1995 18

TOP PROMOTIONS, INC.

REC'D DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location 5005 COLLINS AVENUE SUITE 1524 MIAMI BEACH FL 33140	Home Office 5005 COLLINS AVENUE SUITE 1524 MIAMI BEACH FL 33140	3. Date of Corporation's Fiscal Year End 08/31/1994	3a. Type of Last Report Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21. 4770 BISCAYNE BLVD State: Apt. # of 22. # 1450	2a. Mailing Address 26. 4770 BISCAYNE BLVD State: Apt. # of 27. # 1450	4. FEI Number 65-0527984	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. MIAMI FL	28. MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for reformation by under 5 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. 33137	25. Dade	29. 33137	30. Dade

9. Name and Address of Current Registered Agent ALONSO, JOSE R 5005 COLLINS AVENUE SUITE 1524 MIAMI BEACH FL 33140	10. Name and Address of New Registered Agent 81. Name ALICIA FERNANDEZ-CARRION 82. Street Address (P.O. Box Address is Not Acceptable) 4770 BISCAYNE BLVD 83. # # 1450 84. City MIAMI 85. State FL 86. Zip Code 33137
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11. Pursuant to the provisions of Sections 607.02(2) and 607.02(3) Florida Statutes, the above named corporation admits this statement for the purpose of changing its registered office or registered agent as filed by 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 the provisions of Sections 607.02(2) and 607.02(3) Florida Statutes.

SIGNATURE: *A. Carrion* DATE: **4-26-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (If "X")	
NAME FERNANDEZ-CARRION, ALICIA	STREET ADDRESS 940-17 STREET MIAMI BEACH FL	1. NAME P ALICIA FERNANDEZ-CARRION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPSEY, GRACIELA G	STREET ADDRESS 940-17 STREET MIAMI BEACH FL	2. NAME V MERITHELL SIRVENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIPSEY, STEVEN J	STREET ADDRESS 940-17 STREET MIAMI BEACH FL	3. NAME T PATRICIA SIRVENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALONSO, JOSE R	STREET ADDRESS 5005 COLLINS AVENUE, #1524 MIAMI BEACH FL 33140	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2), Florida Statutes. I further certify that the actions authorized by this annual report or supplemental annual report is true and accurate and that the corporation shall have the authority to file this report with the state. I am familiar with the provisions of Sections 607.02(2) and 607.02(3) Florida Statutes, and that my name appears on the 12 or 13 of this report or on an affidavit sworn with an affidavit.

SIGNATURE: *A. Carrion* ALICIA FDEZ-CARRION 4-26-95 (305) 576-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type) Digital Photo