

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P94000066217 (8)

1. Corporation Name
TOP PROMOTIONS, INC.

Principal Place of Business

430-BIGGANE-BLVD.
MIAMI
MIAMI-FL-33143-6032
US

Mailing Address

430-BIGGANE-BLVD.
MIAMI
MIAMI-FL-33143-6037
US

3. Date Incorporated or Qualified
08/31/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 7940 SW 51 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33143-6037

Country

25 U.S.

2a. Mailing Address

26 7940 SW 51 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33143-6037

Country

30 U.S.

4. FEI Number

65-0527984

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. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ-CARRION, ALICIA
430-BIGGANE-BLVD. 7940 SW 51 AVE
MIAMI FL 33143-6037
MIAMI FL 33143

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FERNANDEZ-CARRION, ALICIA

STREET ADDRESS 430-BIGGANE-BLVD., 4440

CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME SIRVENT, MERITXELL

STREET ADDRESS 430-BIGGANE-BLVD., 4440

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME SIRVENT, PATRICIA

STREET ADDRESS 430-BIGGANE-BLVD., 4440

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7940 SW 51 AVE

MIAMI FL 33143-6037

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7940 SW 51 AVE

MIAMI FL 33143-6037

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

7940 SW 51 AVE

MIAMI FL 33143-6037

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

Alicia Fernandez-Carrion

ALICIA FERNANDEZ-CARRION, 4-24-97, (305) 661-2648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0187092

CR2E034 (9/96)