

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000066217 (8)

1. Corporation Name  
TOP PROMOTIONS, INC.



Principal Place of Business  
7040 SW 51ST AVE  
MIAMI FL 33140-0007  
US

Mailing Address  
7040 SW 51ST AVE  
MIAMI FL 33140-0007  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1994

2. Principal Place of Business 21 340 MINORCA AVE Suite, Apt. #, etc. 22 STE 3 City & State 23 CORAL GABLES FL Zip 24 33134-4308	25 Country 25 US	26. Mailing Address 26 340 MINORCA AVE Suite, Apt. #, etc. 27 STE 3 City & State 28 CORAL GABLES FL Zip 29 33134-4308	30 Country 30 US	4. FEI Number 65-0527984 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FERNANDEZ-CARRION, ALICIA  
7040 SW 51ST AVE  
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
340 MINORCA AVE STE 3  
83  
84 City  
CORAL GABLES FL 85 Zip Code  
33134-4308

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 in which applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-CARRION, ALICIA	1.2 NAME	
STREET ADDRESS	7040 SW 51ST AVE	1.3 STREET ADDRESS	340 MINORCA AVE STE 3
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33134-4308
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRVENT, MERITXELL	2.2 NAME	
STREET ADDRESS	7040 SW 51ST AVE	2.3 STREET ADDRESS	340 MINORCA AVE STE 3
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33134-4308
TITLE	<del>SIRVENT, PATRICIA</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SIRVENT, PATRICIA</del>	3.2 NAME	
STREET ADDRESS	<del>7040 SW 51ST AVE</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address.

SIGNATURE:  ALICIA FERNANDEZ-CARRION 44-21-98 (305) 444-4410

CP2E034 (10/97)