COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

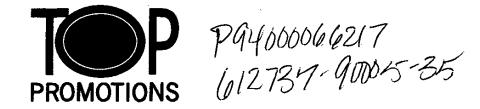
FILED Sep 07, 1999 8:00 am Secretary of State 09-07-1999 90005 035 ***150.00

1999 OCUMENT #

GNATURE:

P94000066217

TOP PROMOTIONS, INC.								
ncinal Place	of Rusiness	Mailing Address				-		
MINORCA AVE 340 MINORCA AVE 3 STE 3						DO NOT WINTE IN THIS CRACE		
RAL GABLES FL 33134-4308 CORAL GABLES FL 33134-430				08		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US						08/31/1994		
Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For		
· · · · · · · · · · · · · · · · · · ·	add 0. 205000	26	¬			65-0527984 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
. ,		27	27			ree Required		
City & State		City & State	¬ '			6. Election Campaign Financing \$5.00 May Be		
		28				Trust Fund Contribution Added to Fees		
Zip	Country		⊢—	intry		8. This corporation owes the current year Intangible Personal Property. Yes No		
	25 9. Name and Address of Curren	29 Agent	30	Ι		10. Name and Address of New Registered Agent		
	o, Haille and Addiess of Odifell	r regionatos Agons		81 N	ame			
FERNANDEZ-CARRION, ALICIA				02 0	troot Add	ress (P.O. Box Number is Not Acceptable)		
340 MINORCA AVE				82 Street Addr		SS (F.O. Box Nulliber is Not Acceptable)		
STE	3							
COR	AL GABLES FL 33134				ity	85 Zip Code		
				1 1		<u> </u>		
office or r agent. I a	to the provisions of sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations are supported to the section of the section of the provision of the provisions of the	of Florida. Such change was	autnonze	o ov tne	ned corpora corporatio	ation submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered		
3NATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	ered Agent	signature requi	ned when reinstating) DATE		
	OFFICERS AND DIRECTORS		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
=	Р	DELETE	1,1 T			Change Addition		
⋾ }	FERNANDEZ-CARRION, ALICIA		1.2 N					
ET ADDRESS	340 MINORCA AVE STE 3	•		TREET ADD	RESS			
ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP 2.1 TITLE Change Additio				
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ET ADDRESS	340 MINORCA AVE STE 3			2.3 STREET ADDRESS				
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31-211	COLUMN CONTRACTOR CONT	DELETE	3.1 T			Change Addition		
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J1-611	The transfer of the second sec	DELETE	6.1 T			Change Addition		
			6.2 N	6.2 NAME				
ET ADDRESS	RESS		6.3 S	6.3 STREET ADDRESS				
ST-ZIP				ITY-ST-ZIP				
ndicated o	a this applied report or allemental	annual report is true and acc ceiver or trustee empowered	hne sterur	that my	cionatiire	ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears		



August 27 1999

TO:

FLORIDA DEPARTMENT OF STATE

FROM: TOP PROMOTIONS INC

To Whom It May Concern:

Just to let you know that we never received the first letter requiring the payment, so we spoke with Mrs. Cathy in Tallahassee and very kindly she explain to us that we just disagreed the second letter for the amount of \$550.00 DLL and send the regular payment of \$150.00 DLL

Sincerely

Alicia Fernández-Carrión

President

*Enclosed you will find the check.