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FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000083964 (3)**

1. Corporation Name

**TOP IMPRESSIONS, INC.**

Principal Place of Business

**5200-2 N FEEERAL HWY STE 1090  
FT LAUDERDALE FL 33308**

Mailing Address

**5200-2 N FEEERAL HWY STE 1090  
FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/02/1995**

4. FEI Number

**65-0616590**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 6278 N. FEDERAL HWY, STE #111**

Suite, Apt. #, etc.

**22 FORT LAUDERDALE**

City & State

**23 FLORIDA**

**24 33308-1916**

Country

2a. Mailing Address

**26 6278 N. FEDERAL HWY**

Suite, Apt. #, etc.

**27 SUITE #111**

City & State

**28 FORT LAUDERDALE, FL**

**29 33308-1916**

Country

9. Name and Address of Current Registered Agent

**MILLOT, JEAN-LOUIS  
5200-2 N FEEERAL HWY STE 1090  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**6278 N. FEDERAL HWY**

**83 SUITE #111**

**84 FORT LAUDERDALE**

**FL**

**85 33308-1916**

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 agree to 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)

**26 MAR 98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MILLOT, JEAN-LOUIS**  
STREET ADDRESS **6278 N FEDERAL HWY STE 111**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **STD** ☐ DELETE

NAME **ROUILLE, JACQUES**  
STREET ADDRESS **2585 NE 15 ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VD** ☒ DELETE

NAME **BRUSSAT, ALEXIS**  
STREET ADDRESS **2881 NE 32 ST**  
CITY-ST-ZIP **FT LAUDERDALE 33 30662**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

**26 MAR 98**

**950912-602**

CR2E034 (10/97)