

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000008300 (1)

1. Corporation Name

TOPCARD SYSTEMS, CORP.



Principal Place of Business

3896 BISCAYNE BLVD.  
SUITE 4148  
MIAMI FL 33137

Mailing Address

3896 BISCAYNE BLVD.  
SUITE 4148  
MIAMI FL 33137-3731

3. Date Incorporated or Qualified

01/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 8307 NW CR Street

2a. Mailing Address

26 8307 NW CR Street

4. FEI Number

65-0636206

Applied For

Not Applicable

Suite, Apt. #, etc.

22 4148

Suite, Apt. #, etc.

27 4148

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33102

Country

25 USA

Zip

29 33102

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DE LUCA, FABIO  
3896 BISCAYNE BLVD.  
SUITE 4148  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

Fabio De Luca

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

8307 NW CR Street # 4148

83

84

City

Miami

FL

85

Zip Code

33102

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

*Fabio De Luca*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

2/5/97

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE  
NAME DE LUCA, FABIO  
STREET ADDRESS 3896 BISCAYNE BLVD., SUITE 4148  
CITY - ST - ZIP MIAMI FL 33137

TITLE D ☐ DELETE  
NAME DE LUCA, FABIO  
STREET ADDRESS 3896 BISCAYNE BLVD., SUITE 4148  
CITY - ST - ZIP MIAMI FL 33137

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 PVPST ☒ Change ☐ Addition  
1.2 NAME Fabio De Luca  
1.3 STREET ADDRESS 8307 NW CR St # 4148  
1.4 CITY - ST - ZIP Miami, FL 33102

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 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:

*Fabio De Luca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/5/97 1-800-263-5845

CR2ED34 (9/96)