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May 15 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 # P96000019168 (9)

1. Corporation Name

TOP MARKETING & TRADING, INC.



Principal Place of Business
1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

Mailing Address
1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131-3132

3. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report
03/01/96

2. Principal Place of Business
21 3956 TOWN CENTER BLVD.
Suite, Apt. #, etc.

2a. Mailing Address
26 3956 TOWN CENTER BLVD.
Suite, Apt. #, etc.

4. FEI Number
65-0653097

Applied For
Not Applicable

22 #314
City & State
23 ORLANDO, FL

27 #314
City & State
28 ORLANDO, FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32837 Country
25 USA

29 32837 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

10. Name and Address of New Registered Agent

GOULD, RONALD
1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

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 607.0605 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GONZALEZ, JUAN A
STREET ADDRESS 1110 BRICKELL AVE., 7TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME GONZALEZ JUAN A.
1.3 STREET ADDRESS 3956 TOWN CENTER BLVD #314
1.4 CITY-ST-ZIP ORLANDO FL, 32837.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

JUAN GONZALEZ

4/1/97

409 4419238
8578104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0171841

CR2E034 (9/96)