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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000025453 (7)**

1. Corporation Name
TOPP TELECOM, INC.

Principal Place of Business	Mailing Address
8280 N.W. 27 AVENUE, SUITE 506 MIAMI FL 33122	8280 N.W. 27 AVENUE, SUITE 506 MIAMI FL 33122-1905

3. Date Incorporated or Qualified: 03/21/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8200 NW 27th ST	26 8200 NW 27th ST
Suite, Apt. #, etc. 22 SUITE 118	Suite, Apt. #, etc. 27 SUITE 118
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip: 24 33122 Country: 25 DADE	Zip: 29 33122 Country: 30 DADE

4. FEI Number: 65-0655753 ☐ 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 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
~~TOPP, MARK~~ ~~8280 N.W. 27 AVENUE, SUITE 506~~ ~~MIAMI FL 33122~~	81 Name: GAIL L. BABITT 82 Street Address (P.O. Box Number is Not Acceptable): 8200 NW 27th STREET, SUITE 118 83 84 City: MIAMI FL 85 Zip Code: 33122

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: Gail B. Babitt 4/8/97
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	D	☐ DELETE	1.1 TITLE	PRESIDENT CEO	☐ Change ☒ Addition
NAME	TOPP, DAVID		1.2 NAME	F. J. POLLAK	
STREET ADDRESS	8280 N.W. 27 AVENUE, SUITE 506		1.3 STREET ADDRESS	8200 NW 27th STREET, SUITE 118	
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 4/8/97 305-640-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162377