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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000057111 (2) TOPPZ INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 515 CHARLESWOOD AVE 515 CHARLESWOOD AVE ORLANDO FL 32825 ORLANDO FL 32825-8023 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zιρ Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032. ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, LYNN 3843 SUTTON PL BLVD., #711 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 City 84 Zip Code 85 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 trypics or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)PRESIDENT DELETE 1.1 TITLE Change Addition TIGUE RAFAEL J. CHIAL NAME 1.2 NAME 11 F # GVIA 14 MOTTUZ 8 PBE 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK , FL 32797 1.4 CITY - ST - 2/P 011Y-\$1-20 TiTLE DELETE 21 TITLE Change Addition 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TPLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CI1Y - S1 - 7IF DELETE Change Addition 4.1 TITLE TIFLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP COTY - ST - 70P DELETE Change Addition THILE 5.1 TIME NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition Title 6.1 TITLE NAV: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS City-S1-ZiP 6.4 CITY - \$1 - ZIP

14. I do hereby certily 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 symptemental 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 19 if changed on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 15 1997 8:00am