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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000059756 (2) TOP SOLUTION, INC.

Principal Place of Business

Mailing Address

12039 SW 133 CT MIAMI FL 83166 12939 SW 133 CT MIAMI FL 33186-5853

## FILED Apr 16 1997 8:00am Secretary of State

Para tarakan						<u> </u>				
						07	3. Date Incorporated or Qualified 07/15/1996 3a. Date of Last Report			
2. Principal Place of	Business		Mailing Address			4. FE	Number	?		plied For
1		26								t Applicabl
Suite, Apt. #, etc.		27			<b>5.</b> Ce	ertificate of Status Desired	, ,	S8.75 Additional Fee Required		
City & State		20	28 Key BISCAYNE FL			ection Cempaign Financing ust Fund Contribution		\$5.00 May Be Added to Fees		
Zíp	Country	- 1-01.	Zip		Country		is corporation has liability for			
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	Name and Address of Curre				' <u>†</u> = -		ame and Address of New I	Registered Ager	ıt	
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12939 SV					82 Street	1 1 1 1 1 2 2 2 1 1 0 0	Barrier in Nick Adminis	(-L1.)		
MIAMI FL					82 Street	t Address (P.O.	Box Number is Not Accept	lable)		
INDUNI 1 E	90100				83					
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, A					64 City			FL  85	Zip (	Code
11. Pursuant to the	provinions of Sections 607.05	502 and 6	07 1509 Florida C	Statutor (	the above names	d porporation of	ubmite this statement for the		naina it	o registers
office or registe	provisions of Sections 607.05 ed agent, or both, in the Stat liar with, and accept the obti	te of Florid	da. Such change v	was auth	orized by the cor a Statutes.	rporation's boa	rd of directors. I hereby acc	cept the appointn	ient as	registered
HONATURE Element	e, typed or printed name of registered a	nout and life	Il applicable	ANOTE: De	gistered Agent signatur	ro societad uman soin	(ctaline)	DATE		
2.	OFFICERS A			INOTE. NO	13.		DITIONS/CHANGES TO OFF		FCTOR	S IN 12
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I do needly definy that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, Turther definity that 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 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 it anymagh, or or an attachment with an address.

SIGNATURE:

Horale Josela.

Director

4/8/97

301-234-2484