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May 05 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 # P96000075652 (3)

1. Corporation Name
TOP QUALITY, INC.



Principal Place of Business
5850 LAKEHURST DRIVE, #290-1
ORLANDO FL 32819

Mailing Address
5850 LAKEHURST DRIVE, #290-1
ORLANDO FL 32819-8387

3. Date Incorporated or Qualified
09/09/1996

3a. Date of Last Report
1st Regt.

2. Principal Place of Business
21 5850 LAKEHURST DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 5850 LAKEHURST DRIVE
Suite, Apt. #, etc.

4. FEI Number
59-3401143

Applied For
Not Applicable

22 270-2
City & State

27 270-2
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 ORLANDO, FL
Zip Country

28 ORLANDO, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32819 25 USA

29 32819 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

AQUIM, ROGERIO SAUMA
5850 LAKEHURST DRIVE, #290-1
ORLANDO FL 32819

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 607.0502 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

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	PD	<input type="checkbox"/> DELETE
NAME	AQUIM, ROGERIO SAUMA	
STREET ADDRESS	5850 LAKEHURST DRIVE, #290-1	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REGO, PEDRO H.P.	
STREET ADDRESS	AV. RUI BARBOSA #604	
CITY - ST - ZIP	RIO DE JANEIRO, BRAZIL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REGO, PEDRO H.P.	
STREET ADDRESS	AV. RUI BARBOSA #604	
CITY - ST - ZIP	RIO DE JANEIRO, BRAZIL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERNANDO COTTA PEREIRA	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X *[Signature]* PPS 4-16-97 4-938/4432

CR2E034 (9/96)