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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086823 (7)

TOPRIDE CORPORATION

FILED

Apr 01 1997 8:00am

Secretary of State

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Principal Place		•	Mailing Address				Ţ	1 1254201 110 12110 21111 29111 82111 481	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	411#1 #B11# F10	** 111-17-1	
1985 N.W. 88TI Suite 201	H COURT		1985 N.W. BETH COURT SUITE 201									
MIAMI FL 3317	2		MIAMI FL 33172-2638				L					
							3	 Date Incorporated or Qualified 10/22/1996 	3a, Da	te of Last I	Report	
2. Principa Pl	ace of Business	2a. Maili	2a. Mailing Address				4	I. FEI Number	····	ΧſΑ	pplied For	
21		26									ot Applicable	
Suite, Apt 22		27					5	5. Certificate of Status Desired	ertificate of Status Desired Fee Required			
City & State 23	,	28 City	& State					Election Campalgn Financing Trust Fund Contribution			May Be to Fees	
Žip	Country	Zip	ı ' -		Country		} 8	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	25 29 30 Name and Address of Current Registered Agent			r	Florida Statutes Yes No 10. Name and Address of New Registered Agent						
		m registered	Agent		81	Name). Halle ally Address of New Ne	Assess v	(Bailt		
	EZ-GARCIA, JORGE L ESO BRICKELL AVENUE											
	TE 950				82	Street	t Address ((P.O. Box Number is Not Acceptal	ole)			
	MI FL 33172				83							
MINA	MITE GOTTE											
					84	City			FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.150	08, Florida Statu	tes, the al	bove	-named	d corporati	ion submits this statement for the		changing .	its registered	
office or re agent Tar	egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida. Su gations of, Sect	och change was tion 607.0505, Fl	authorize lorida Stat	d by tutes	the corp	rporation's	board of directors. I hereby acce	pt the appo	ointment a	s registered	
SIGNATURE.	Styriature, typed or pented harne of nigistered a	aget and but discrete	oble (NO	TF Regulatora	d Ane	nt eignaluss	required wh	en reinstalizat	DATE			
12.		ND DIRECTORS		13.	a rigio	T Gignatur	a required with	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	
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CITY - S1 - 719	MIAMI FL 33172			1.4 Ci	1Y-S1	-ZIP	1					
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	ry certify that the information suppl	ed with this filin	o does not qua	Liter Spendon			stated in S	Section 119.07(3)(i), Florida Statute	s. I further	certify tha	the	
informatio Lam an ol appears i	ry certify that the information supply in indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed,	supplemental or thefreceiver or on un attact	armuarteport is or trusted empor mont wit h an ac	wered to edd dress.	accu 9xec	ute this	report as	required by Chapter 607, Florida	ai enect as Statutes; a i	nd that my	name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

0232906