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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086823

1. Corporation Name

TOPRIDE CORPORATION

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90115 017 ***150.00



Principal Place of Bus	siness	Ma	ailing Address				-
1985 N.W. 88TH COUR	т		5 N.W. 88TH COURT				
SUITE 201			ITE 201				DO NOT WRITE IN THIS SPACE
MIAMI FL 33172	•	MI	AMI FL 33172				3. Date Incorporated or Qualifed
1							10/22/1996
2. Principal Place of	Business	2a.	Mailing Address				4. FEI Number Applied For
21	20	26					65-0732968 Not Applicable
Suite, Apt. #, etc.		1-01	Suite, Apt. #, etc.				\$8.75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29		0			Personal Property Tax. Yes No
9. N	ame and Address of Current	Regis	tered Agent		ΞT	- N.	10. Name and Address of New Registered Agent
ALVADEZA	AWARI C			6	31	Name	
ALVAREZA,				8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)
1985 NW 8 STE 201	8 CI						
*	2170			18	33		
MIAMI FL 3	31/2 .			8	34	City	85 Zip Code
						·	FL 1
11. Pursuant to the p	rovisions of Sections 607.0502	and 6 f Florid	07.1508, Florida Statutes ta. Such change was auti	, the abo horized t	ove ov t	-named corpo the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am famili	iar with, and accept the obligati	ons of	Section 607.0505, Florid	la Statuti	es.		, , ,
SIGNATURE							
	, typed or printed name of registered agent OFFICERS AND				gent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP	Urficers and	DIKE	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	NI 14484E			1.2 NAM		,	
	n, Jaime N.W. 88th Court, Suite	201				ADDRESS	
		201		B .			
CITY-ST-ZIP MIAN			☐ DELETE	1.4 CITY 2.1 TITL		-217	☐ Change ☐ Addition
	n, perla			2.2 NAM			
	IN, PERLA IN.W. 88TH COURT, SUITE	201	•		_	ADDRESS	
		201	• •	2.4 CITY		(- **	The second se
TITLE MIAN	HIL		DELETE	3.1 TITU		1-211	☐ Change ☐ Addition
				3.2 NAM			
NAME STREET ADDRESS				Į.		ADDRESS	
				3.4. CITY			
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITL	_		☐ Change ☐ Addition
NAME				4. 2 NAN	ΛE		•
STREET ADDRESS				4.3 STRI	FFT	ADDRESS	
CITY-ST-ZIP				4.4 CITY			
TITLE			☐ DELETE	5.1 TITL	_		☐ Change ☐ Addition
NAME				5.2 NAM	ΙE		
STREET ADDRESS				5.3 STR	EET	ADDRESS	
CITY-ST-ZIP	•			5.4 CITY	-51	-ZIP	
TITLE			☐ DELETE	6.1 TITL	E	 -	☐ Change ☐ Addition
NAME				6.2 NAM	E		
STREET ADDRESS				6.3 STR	EET	ADORESS	
CITY OT 710				6.4 CITY	-ST	-ZIP	

14. I 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 entachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR