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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000102556 (3)

TT TOP-TEL, INC.

Principal Place of Busingss	Mailing Address	
999 S. BAYSHORE DRIVE SUITE 905 MIAMI FL 83131	999 S. BAYSHORE DRIVE SUITE 305 MIAMI FL 33131-2912	

FILED Jun 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 999 S. BAYSHORE DRIVE 999 S. BAYSHORE DRIVE SUITE 305 MIAMI FL 33131 MIAMI FL 33131-2912										
						3. Date incorporated or Qualified 12/20/1996	3a. Da	ite of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	00	Ar	plied For	
21		26				65-07/7/	50		ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
23 28						6. Election Campaign Financing Trust Fund Contribution Added to Fees				
	Z ip Country Zip		Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30] No		
PAI.	Name and Address of Curre SA, FERNANDO	in negistered Agent		81	Name	10. Name and Address of New Reg	jistered A	-gent		
	s. Bayshore drive		ļ				<u> </u>			
			ĺ	82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
* SUITE 305 MIAMI FL 33131		}	83							
(VILL-U)	MITE 00 (01									
Ï				84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the ab	ove	-named corpo	ration submits this statement for the pr		changing it	s registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was rations of Section 607.0505. F	authorized	d by	the corporation	ration submits this statement for the pi on's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURE	The same with and accept the cong	ganono or, oconor ocr locos, r	ionor otal	0.00.	•					
SIGNATORE	Signature, lyped or printed name of registered as		1E Registered	Agan	nt signature required		DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PSTD SOUSA, FERNANDO	☐ OELE1E	1.1 111					Change	☐ Addition	
NAME	6065 N.W. 82ND AVENUE		1.2 NA							
STREET ADDRESS	MIAMI FL 33166		1		ADDRESS				l	
CITY-ST-ZIP TITLE	VO	DELETE	1.4 C/ 2.1 T/I		- ZIP			Change	Addition	
NAME	DE SOUSA, MIRIAM G		2.2 NA							
STREET ADDRESS	6065 N.W. 82ND AVENUE	İ			ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CI		1					
TITLE		DELETE 3.1						Change	Addition	
NAME			3 2 NA	MŁ						
STREET ADDRESS			3351	REET #	ADDRESS				ļ	
CITY-ST-ZIP			3.4. CI	TY-SI	T-ZIP					
TITLE		☐ DELETE	4.1 111	LE				Change	☐ Addition	
NAME			4. 2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		4.4 CITY - ST - ZIP				Chases	☐ Addition	
TITLE		☐ DETE !E	5.1 111		}			Change	Medition [
NAME CTOTET ADDRESS			52 NA		ADDOLEC				İ	
STREET ADDRESS	i.				ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		- EIF			Change	Addition	
NAME 5+1.	. • .	had public	6.2 NA		\					
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP			6.4 CIT		ļ					
UIT SI- LIT			0.4 (1)	1-31	Ten J	410.07(0)(1) 51-11-01-11				

I do hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this pandal report or supplement 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 any dachment with an address.