

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

FILED

Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000012236 (0)

1. Corporation Name

TOPP DESIGN SYSTEMS, INC.

Principal Place of Business

8280 NW 27 STREET #506  
MIAMI FL 33122

Mailing Address

8280 NW 27 STREET #506  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0730976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TOPP, DORA  
8280 NW 27 STREET #506  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

ODALYS KUEK

82 Street Address (P.O. Box Number is Not Acceptable)

8280 N.W. 27 ST. #506

83

MIAMI, FL 33122

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 reappointing)

Odalys Kuek

3/2/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TOPP, DAVID  
CITY-ST-ZIP 8280 NW 27 STREET #506  
MIAMI FL 33122

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☒ Change ☐ Addition  
1.2 NAME TOPP, DAVID  
1.3 STREET ADDRESS 8280 N.W. 27 ST. #506  
1.4 CITY-ST-ZIP MIAMI, FL 33122

2.1 TITLE T/D ☐ Change ☒ Addition  
2.2 NAME DORA TOPP  
2.3 STREET ADDRESS 8280 N.W. 27 ST. #506  
2.4 CITY-ST-ZIP MIAMI, FL 33122

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME HUMBERTO CIFUENTES  
3.3 STREET ADDRESS 8280 N.W. 27 ST. #506  
3.4 CITY-ST-ZIP MIAMI, FL 33122

4.1 TITLE P/D ☐ Change ☒ Addition  
4.2 NAME RISIA WINE TOPP  
4.3 STREET ADDRESS 8280 N.W. 27 ST. #506  
4.4 CITY-ST-ZIP MIAMI, FL 33122

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 attachment with an address.

SIGNATURE

DORA TOPP

Dora Topp

3/2/98

215 477 1111

CP2E034 (10/97)