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

FILED
Jun 22 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 # P97000034387 (5)

1. Corporation Name
TOP DOG OF MIAMI, INC.

Principal Place of Business	Mailing Address
503 CATALONIA AVE. CORAL GABLES FL 33134	503 CATALONIA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1997

2. Principal Place of Business	2a. Mailing Address
21 2118 SW 17 Ave	26 P.O. Box 14-3517
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Coral Gables
Zip 24 33145 Country 25 USA	Zip 29 33114 Country 30 USA

4. FEI Number: 65-0748602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLAGHASSI, SUBHI 503 CATALONIA AVE. CORAL GABLES FL 33134	81 Name: Subhi E. Glaghassi 82 Street Address (P.O. Box Number is Not Acceptable): 2118 SW 17 Ave 83 84 City: Miami FL 85 Zip Code: 33145

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] PD — Subhi Glaghassi — Jan 21, 1998
Signature, type 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	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GLAGHASSI, SUBHI		1.2 NAME	
STREET ADDRESS	P.O. BOX 14-1704		1.3 STREET ADDRESS	N/A P.O. Box 14-3517
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, FL 33114-3517
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CASSANOVA, RUTH J		2.2 NAME	
STREET ADDRESS	8960 NW 8TH STREET, APT. #314		2.3 STREET ADDRESS	N/A P.O. Box 14-3517
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	Coral Gables, FL 33114-3517
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MENEDEZ, RODOLFO		3.2 NAME	
STREET ADDRESS	3532 SW 25TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP	
TITLE	STD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VOIGHT, CAROLYN S		4.2 NAME	6/22
STREET ADDRESS	503 CATALONIA AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100002508284
STREET ADDRESS			5.3 STREET ADDRESS	-06/22/98--01104--035
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***8.75
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	100002508284
STREET ADDRESS			6.3 STREET ADDRESS	-06/22/98--01104--034
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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: [signature] — 06/22/1998