

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
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DOCUMENT # P97000034387 (5)

1. Corporation Name
TOP DOG OF MIAMI, INC.



Principal Place of Business 503 CATALONIA AVE. CORAL GABLES FL 33134	Mailing Address 503 CATALONIA AVE. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2118 SW 17 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 14-3517 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/16/1997	
22 City & State 23 Miami FL Zip Country 24 33145 25 USA		27 City & State 28 Coral Gables Zip Country 29 33114 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	

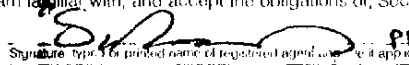
9. Name and Address of Current Registered Agent

GLAGHASSI, SUBHI
503 CATALONIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

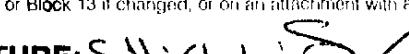
81 Name Subhi E. Glaghassi	85 Zip Code 33145
82 Street Address (P.O. Box Number is Not Acceptable) 2118 SW 17 Ave	
83	
84 City Miami	FL

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  PD Subhi E. Glaghassi Jan 21, 1998
(NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GLAGHASSI, SUBHI P.O. BOX 14-1704 CORAL GABLES FL 33134	1.1 TITLE ☒ Change ☐ Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	N/A P.O. Box 14-3517
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coral Gables, FL 33114-3517
TITLE VD	CASSANOVA, RUTH J 8960 NW 8TH STREET, APT. #314 MIAMI FL 33172	2.1 TITLE ☐ Change ☐ Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	N/A P.O. Box 14-3517
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, FL 33114-3517
TITLE VD	MENEDEZ, RODOLFO 3532 SW 25TH TERRACE MIAMI FL 33133	3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE STD	VOIGHT, CAROLYN S 503 CATALONIA AVE. CORAL GABLES FL 33134	4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	400002568284
STREET ADDRESS		5.3 STREET ADDRESS	-06/22/98--01104--035
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***8.75
TITLE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	400002568284
STREET ADDRESS		6.3 STREET ADDRESS	-06/22/98--01104--034
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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  PD Subhi E. Glaghassi Jan 21, 1998

CR2E034 (10/97)