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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90051 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034387**

1. Corporation Name
TOP DOG OF MIAMI, INC.

Principal Place of Business

2118 S.W. 17 AVENUE
MIAMI FL 33145
US

Mailing Address

P.O. BOX 14-3517
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

65-0748602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

P.O. Box 61-0428
N. Miami Beach, FL
33261-0428 U.S.A.

9. Name and Address of Current Registered Agent

GLAGHASSI, SUBHI E
2118 S.W. 17 AVENUE
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLAGHASSI, SUBHI	
STREET ADDRESS	P.O. BOX 14-3517 N/A	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	CASSANOVA, RUTH J	
STREET ADDRESS	P.O. BOX 14-3517 N/A	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glaghassi, Subhi E.	
1.3 STREET ADDRESS	P.O. Box 61-0428	
1.4 CITY-ST-ZIP	N. Miami Beach, FL 33261-0428	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glaghassi, Josephine	
2.3 STREET ADDRESS	P.O. Box 61-0428	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33261-0428	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Glaghassi, Rola	
3.3 STREET ADDRESS	P.O. Box 61-0428	
3.4 CITY-ST-ZIP	N. Miami Beach FL 33261-0428	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Subhi E. Glaghassi 4/1/1999

305-788-6044
Daytime Phone #

CR2E034 (11/98)