

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90010 031 \*\*\*150.00

DOCUMENT # P98000016359

1. Corporation Name  
AMERICAN TOP PRODUCTS, INC.

Principal Place of Business  
250 CRANDON BLVD.  
SUITE 32-378  
KEY BISCAYNE FL 33149

Mailing Address  
250 CRANDON BLVD.  
SUITE 32-378  
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

65-0812577

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1801 CORAL WAY

26 1801 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 101

27 Ste. 101

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33145

25 U.S.A.

29 33145

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAHDAH, LOULOU B  
740 MYRTLEWOOD LANE  
KEY BISCAYNE FL 33149

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DADDAH, LOULOU  
STREET ADDRESS 740 MYRTLEWOOD LANE  
CITY-ST-ZIP KEY BISCAYNE FL 33149

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME DAHDAH, BRIGITTE  
1.3 STREET ADDRESS 740 MYRTLEWOOD LANE  
1.4 CITY-ST-ZIP KEY BISCAYNE, FL. 33149

TITLE VD ☒ DELETE

NAME ORABONA, SANDRINE  
STREET ADDRESS 740 MYRTLEWOOD LANE  
CITY-ST-ZIP KEY BISCAYNE FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)