

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 001 ***550.00

DOCUMENT # P98000065616

1. Entity Name
TOPA, INC.



Principal Place of Business
**1581 BRICKELL AVENUE SUITE 1202
MIAMI, FL 33129**

Mailing Address
**PO BOX 31698
MIAMI, FL 33231-0698**

54071450



2. Principal Place of Business
**901 PONCE DE LEON BLVD
Suite, Apt. #, etc.
501**

3. Mailing Address
**275 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.
135**

07272004 Chg-P CR2E034 (10/03)

City & State
CORAL GABLES, FL

City & State
MIAMI, FL

4. FEI Number
58-2466521

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33172-4500

Country
USA

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

6. Name and Address of Current Registered Agent

**HARRINGTON, CARLOS
1581 BRICKELL AVE
STE 1202
MIAMI, FL 33138**

7. Name and Address of New Registered Agent

Name
JOSE R RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
**275 Fontainebleau Blvd
Ste 135**
City
Miami **FL** Zip Code
33172-4500

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/30/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRAND, JEAN CLAUDE	
STREET ADDRESS	1581 BRICKELL AVENUE SUITE 1202	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	ESCUERO, SONIA M	
STREET ADDRESS	1581 BRICKELL AVENUE SUITE 1202	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GUZMAN, MARIA G	
STREET ADDRESS	1581 BRICKELL AVE 1202	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GANERA, HECTOR A	
STREET ADDRESS	581 BRICKELL AVE 1202	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, JEAN CLAUDE	
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 501	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCUERO, SONIA M.	
STREET ADDRESS	901 PONCE DE LEON BLVD # 901	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, MARIA G.	
STREET ADDRESS	901-PONCE DE-LEON-BLVD., SUITE 501	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANERA, HECTOR A	
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 501	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

JEAN CLAUDE BRAND

7/29/04

(305)445-0611

Date

Daytime Phone #

Attachment
54021450
Doc. # P98000065616

TOPA, INC
C/O F. RODRIGUEZ
901 PONCEDE LEON BLVD., SUITE 501
CORAL GABLES. FL 33134

July 29, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

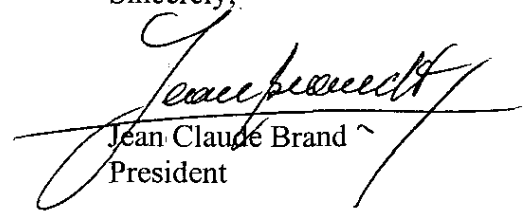
Re: Topa, Inc.
Document # P98000065616

Dear Sir or Madam:

Enclosed please find ck #1041 in the amount of \$550.00 to cover the above referred Corporation's annual report. The report was not filed timely since we did not receive the notification that this report was due. All of the officers and directors are non resident aliens that reside outside of the United States, the Company's address on file was no longer valid and the mailing address was incorrect (it should have been P.O. Box 310698 and not P.O. Box 31698). We are now aware of the fact that this form has to be filed annually by May 1 (even if we do not receive the form) and that we can obtain the same through the Internet.

Based on the information submitted above, we respectfully request that the \$400.00 penalty for late filing be abated and that a refund check in the amount of \$400.00 be issued to the Company for this matter.

Sincerely,


Jean Claude Brand
President