FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 1:4
SECRETARY OF STAT
TALLAHASSEE, FLORI

DOCUMENT # **V36639** **(5)**

1. Corporation Name
TOP KARAT, INC.

Principal Place of Business	Mailing Address
~~36 N.E. 1ST STREET~~ ~~SEYBOLD BUILDING, SUITE 607~~ ~~MIAMI FL 33132~~	~~36 N.E. 1ST STREET~~ ~~SEYBOLD BUILDING, SUITE 607~~ ~~MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **09/23/1994**

2. Principal Place of Business	2a. Mailing Address
21 (1886) Biscayne Blvd	26 SAME
Suite, Apt. #, etc 22 Booth 24	Suite, Apt. #, etc 27
City & State 23 Miami FL	City & State 28
Zip 24 33180	Country 25 USA
Zip 29	Country 30

4. FEI Number: **65-0338942** ☐ 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 has [illegible] for intangible tax under $ 100,000.
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE LA CRUZ, LUIS F. 241 SEVILLA AVENUE SUITE 805 CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, CARLOS A.	12 NAME	
STREET ADDRESS	~~36 NE 1ST STREET, #607~~	13 STREET ADDRESS	10691 S.W. 83rd AVE
CITY ST ZIP	~~MIAMI FL 09132~~	14 CITY ST ZIP	Miami, FL 33156
TITLE	Pres	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	FERNANDO ESPINOSA, VP
STREET ADDRESS		23 STREET ADDRESS	8580 N.W. 14th ST 107 109
CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33126
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/17/95 305-977-7471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133514 CP