

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J85487** (3)

1. Corporation Name
QUIXOTIC VENTURES, INC.



Principal Place of Business Mailing Address
145 CURTISS PARKWAY MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified **07/28/1987** 3a. Date of Last Report **03/28/1995**
4. FFI Number **65-0004757** 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 liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

9. Name and Address of Current Registered Agent

**CARLSON, ALEX E.
145 CURTISS PKWY
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) and 607.08(8), 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 607.08(5), Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-RAMON, IGNACIO	2. NAME	
STREET ADDRESS	2621 SW 24TH STREET	3. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33145	4. CITY-STATE-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, POMPEYO	6. NAME	
STREET ADDRESS	2621 SW 24TH STREET	7. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33145	8. CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAT-MARTIN, LINA	10. NAME	
STREET ADDRESS	2621 SW 24TH STREET	11. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33145	12. CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, IGNACIO JR.	14. NAME	
STREET ADDRESS	2621 SW 24TH STREET	15. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33145	16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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)(g), 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: *[Signature]* 2/20/96 305-854-5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)