

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85487 (3)
 1. Corporation Name
QUIXOTIC VENTURES, INC.



Principal Place of Business 145 CURTISS PARKWAY MIAMI SPRINGS FL 33168	Mailing Address 145 CURTISS PARKWAY MIAMI SPRINGS FL 33168-5220
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3. Date Incorporated or Qualified 07/28/1987	3a. Date of Last Report 03/05/1996
4. FEI Number 65-0004757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
25.	30.

9. Name and Address of Current Registered Agent
CARLSON, ALEX E.
145 CURTISS PKWY
MIAMI SPRINGS FL 33168

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-RAMON, IGNACIO	1.2 NAME	NONE
STREET ADDRESS	2621 SW 24TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	1.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, POMPEYO <i>x Pompeyo Diaz</i>	2.2 NAME	V
STREET ADDRESS	2621 SW 24TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAT-MARTIN, LINA	3.2 NAME	V
STREET ADDRESS	2621 SW 24TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREZ, IGNACIO JR.	4.2 NAME	V
STREET ADDRESS	2621 SW 24TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: *Pompeyo Diaz* **POMPEYO DIAZ,** **APRIL 22, 1997**
SIGNATURE AND TITLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0220380

CR2E034 (9/96)