

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL -6 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K18973 (3)**

1. Corporation Name  
**BBB QUAIL ROOST PLAZA ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**% ARTURO GONZALEZ**      **% ARTURO GONZALEZ**  
**11470 QUAIL ROOST DR.**      **11470 QUAIL ROOST DR.**  
**MIAMI FL 33157**      **MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1988</b>	3a. Date of Last Report <b>02/08/1994</b>
4. Fed Number <b>59-2293392</b>	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GONZALEZ, ARTURO**  
**11462 QUAIL ROOST DR.**  
**MIAMI FL 33157**

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Accepted)

03.

04. City

05. 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

01. NAME	<b>D</b> <b>GONZALEZ, ARTURO</b>
02. STREET ADDRESS	<b>11468 QUAIL ROOST DR</b>
03. CITY, ST, ZIP	<b>MIAMI FL</b>
04. NAME	<b>D</b> <b>GONZALEZ, JOSE A.</b>
05. STREET ADDRESS	<b>11468 QUAIL ROOST DR</b>
06. CITY, ST, ZIP	<b>MIAMI FL</b>
07. NAME	
08. STREET ADDRESS	
09. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

16. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		
18. STREET ADDRESS		
19. CITY, ST, ZIP		
20. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		
22. STREET ADDRESS		
23. CITY, ST, ZIP		
24. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME		
26. STREET ADDRESS		
27. CITY, ST, ZIP		
28. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. NAME		
30. STREET ADDRESS		
31. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 119.07(1)(a), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature also has the same legal effect as if made under oath. This certification is a condition of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: **Arturo Gonzalez, Pres.**

5/24/95 (301) 288-6646