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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18973

(3)

BBB QUAIL ROOST PLAZA ASSOCIATES, INC.

Principal Place of Business Mailing Address				-{	
% ARTURO GONZALEZ 11470 QUAIL ROOST DR. MIAMI FL 33157		% ARTURO GONZALEZ 11470 OUAIL ROOST DR. MIAMI FL 33157-8575			
				 Date Incorporated or Qualified 03/24/1988 	3a. Date of Last Report 01/29/1996
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	**************************************	26	· · · · · · · · · · · · · · · · · · ·	59-2293392	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
	IZALEZ, ARTURO		81 Name		
	32 QUAIL ROOST DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable	е)
MIAN	WI FL 33157		80		
			83		
			84 City		85 Zip Code
34 D		00 1007 1000 51 11 01			FL S Zip Gods
office or re	to the provisions of Sections 607.05i egistered agent, or both, in the State	02 and 607.1508, Florida Stati e of Florida. Such change was	utes, the above-named corpora s authorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent La	ni familiar with, and accept the oblig	gations of, Section 607.0505, F	Florida Statutes.		
SIGNATURE	61			***************************************	
12.	Signature, typed or printed naise of registered as OFFICERS AN	VD DIRECTORS	OTE Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TUTLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GONZALEZ, ARTURO		1.2 NAME		
STREET ADDRESS	11468 QUAIL ROOST DR		1.3 STREET ADDRESS		!
CHY-ST-Z#	MIAMI FL		1.4 CITY-ST-ZIP		Ī
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GONZALEZ, JOSE A.		2.2 NAME		
STREET ADDRESS	11468 QUAIL ROOST DR		2.3 STREET ADDRESS	•	•
DITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		***************************************	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TATLE		Change Addition
NAVE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Concre	4.4 CITY-ST-ZIP		
THLE		OELETE	5.1 TITL€		L. Change Addition
NAME CTOLLL ASSOCIACE			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY+S1+ZiP Tiflute		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		[_] DELETE	6.2 NAME		CT custings CT Woolton
STREET ADDRESS			63 STREET ADDRESS		•
CITY-ST-7/P					
14. I do heret	ly certify that the information supplie	ed with this filing does not aua	64 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
intormation Lam an of	n indicated on this annual report or :	supplemental annual report is If the resciver or trustee empo	true and accurate and tha wered to execute this repo	t my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as if made under oath, that I