

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K36365** (0)

1. Corporation Name

J. LUIS QUINTANA & ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

~~2333 PONCE DE LEON BLVD
PH 1120~~
CORAL GABLES FL 33134
US

~~2333 PONCE DE LEON BLVD
PH 1120~~
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified 09/30/1988	3a. Date of Last Report 02/14/1995
4. FEI Number 65-0070902 65-0426489	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 338 Minorca Ave Suite, Apt. #, etc.	26 338 Minorca Ave. Suite, Apt. #, etc.
22 _____	27 _____
23 Coral Gables, FL City & State	28 Coral Gables, FL City & State
24 33134 Zip 25 US Country	29 33134 Zip 30 US Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINTANA, J LUIS
~~2333 PONCE DE LEON BLVD
PH 1120~~
CORAL GABLES FL 33134

81 Name Quintana, J Luis
82 Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Ave.
83 _____
84 City Coral Gables FL 85 Zip Code 33134

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 I accept the publication of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

2001. Registered Agent Signature required over "Relisting"

DATE

12. OFFICERS AND DIRECTORS	
12.1 TITLE (PDSV)	<input type="checkbox"/> DELETE
12.2 NAME QUINTANA, J L	
12.3 STREET ADDRESS 2333 PONCE DE LEON BLVD #1120 CORAL GABLES FL	
12.4 CITY-STATE-ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE PDSV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME Quintana, J L	
13.3 STREET ADDRESS 338 Minorca Ave	
13.4 CITY-STATE-ZIP Coral Gable, FL 33134	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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)(k), 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/07/96

(305) 446-0300

CR2E034 (12/95)