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FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000046905 (4)

1. Corporation Name

QPQ CORPORATION

Principal Place of Business

1000 LINCOLN RD.
MIAMI BEACH FL 33139

Mailing Address

1000 LINCOLN RD.
MIAMI BEACH FL 33139-2500

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0423147

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

9. Name and Address of Current Registered Agent

RUBINSON, MITCHELL
1000 LINCOLN RD.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBP	<input type="checkbox"/> DELETE
NAME	RUBINSON, MITCHELL	
STREET ADDRESS	1000 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	RUBINSON, MITCHELL	
STREET ADDRESS	1000 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, JILL	
STREET ADDRESS	1000 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	COBP	<input checked="" type="checkbox"/> DELETE
NAME	GROTH, STEPHEN R	
STREET ADDRESS	1000 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	GROTH, STEPHEN R	
STREET ADDRESS	1000 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CFOVP
5.3 STREET ADDRESS	JAMES F. MARTIN
5.4 CITY-ST-ZIP	1000 LINCOLN ROAD, SUITE 206
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARK RABINOWITZ
6.3 STREET ADDRESS	1000 LINCOLN ROAD, SUITE 206
6.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139

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 such external 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 its predecessor 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(305) 531-5800

Date

Daytime Phone

CR2E034 (9/96)