

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072090 (2)**

1. Corporation Name  
**QUAD INT'L., INCORPORATED**



Principal Place of Business: **13360 S.W. 128 STREET MIAMI FL 33186**  
Mailing Address: **13360 S.W. 128 STREET MIAMI FL 33186**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

3. Date Incorporated or Qualified: **10/18/1993**  
3a. Date of Last Report: **06/22/1995**  
4. FEI Number: **65-044492**  
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

**FOX, JOHN CHARLES  
13360 S.W. 128 STREET  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name  
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:

Signature and printed name of the individual agent or director.

NOTE: If a new Agent is being registered, please change.

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	<b>P LESSNER, SAMUEL</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS	<b>214 W GRANT RD</b>	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>TUCSON AZ 85705</b>	13. STREET ADDRESS	
	<b>V WEINSTEIN, HARVEY</b>	14. CITY-ST-ZIP	
STREET ADDRESS	<b>P26</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>WILLOW NY</b>	22. NAME	
	<b>V FOX, JOHN</b>	23. STREET ADDRESS	
STREET ADDRESS	<b>13360 W S.W. 128 STREET</b>	24. CITY-ST-ZIP	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY-ST-ZIP	
		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY-ST-ZIP	
		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY-ST-ZIP	
		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-ST-ZIP	

**200001786862**  
**-04/19/96--01022--015**  
**\*\*\*200.00**

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: *John Fox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 305-238-5040

CR2E034 (12/95)

PTL 4-18-96