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**Apr 15 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 # P93000072090

1. Corporation Name
Quad Int'l Incorporated

Principal Place of Business: 13360 S.W. 128 St. Miami, FL 33186
Mailing Address: 13360 S.W. 128 St. Miami, FL 33186

3. Date Incorporated or Qualified: 10-18-93
3a. Date of Last Report: 2-12-96
4. FEI Number: 65-0444492
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

2. Principal Place of Business: 4931 S.W. 75 Ave.
2a. Mailing Address: 4931 S.W. 75 Ave.
21. City & State: Miami Florida
22. Suite, Apt. #, etc.:
23. City & State: Miami Florida
24. Zip: 33155 Country: USA
25. Country: USA
26. Suite, Apt. #, etc.:
27. City & State: Miami Florida
28. City & State: Miami Florida
29. Zip: 33155 Country: USA
30. Country: USA

9. Name and Address of Current Registered Agent
**Fox, John Charles
13360 S.W. 128 St.
Miami, FL 33186**

10. Name and Address of New Registered Agent
81. Name: **Fox, John Charles**
82. Street Address (P.O. Box Number is Not Acceptable): **4931 S.W. 75 Ave.**
83.
84. City: **Miami** FL 85. Zip Code: **33155**

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: *John C. Fox* **John C. Fox, President** DATE: **4-9-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <input checked="" type="checkbox"/> DELETE	LESSNER, SORUCE I 214 W. GAVONT RD. TUCSON, AZ 85705	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P Fox, John
2. TITLE: <input checked="" type="checkbox"/> DELETE	WEINSTEIN, HARVEY P26 WILLOW, NY	1.2 NAME: Fox, John	1.3 STREET ADDRESS: 4931 S.W. 75 Ave.
3. TITLE: <input checked="" type="checkbox"/> DELETE	FOX, JOHN 13360 S.W. 128 St. MIAMI, FL 33186	1.4 CITY-ST-ZIP: Miami, FL 33155	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE: <input type="checkbox"/> DELETE		2.2 NAME: Weinstein, Harvey	2.3 STREET ADDRESS: 4931 S.W. 75 Ave.
5. TITLE: <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP: Miami, FL 33186 33155	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE: <input type="checkbox"/> DELETE		3.2 NAME: John Lee-Graham	3.3 STREET ADDRESS: 4931 S.W. 75 Ave.
7. TITLE: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP: Miami, FL 33155	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE: <input type="checkbox"/> DELETE		4.2 NAME:	4.3 STREET ADDRESS:
9. TITLE: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE: <input type="checkbox"/> DELETE		5.2 NAME:	5.3 STREET ADDRESS:
11. TITLE: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE: <input type="checkbox"/> DELETE		6.2 NAME:	6.3 STREET ADDRESS:
13. TITLE: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

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14. I, the undersigned, 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That was the 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 C. Fox* **John C. Fox** DATE: **4-9-97** 305-238-5040

CR2E034 (9/96)