

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000007331 (9)**

1. Corporation Name  
**CQ ENTERPRISES, INC.**



Principal Place of Business: **7004 S.W. 4TH ST. MIAMI FL 33135**  
Mailing Address: **6770 S.W. 48 TERRACE MIAMI FL 33155**

3. Date Incorporated or Qualified: **01/28/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEL Number: **65-0570803**  
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

2. Principal Place of Business: **6770 SW 48 TER**  
2a. Mailing Address: **6770 SW 48 TER**  
22. Suite, Apt. #, etc.:  
23. City & State: **MIAMI FL**  
24. Zip: **33155**  
25. Country:  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. Zip:  
29. Country:

9. Name and Address of Current Registered Agent  
**GARCIA, M. PAUL ESQ.  
MARKOWITZ, DAVIS AND RINGEL, P.A.  
9130 SOUTH DADELAND BLVD., SUITE 1225  
MIAMI FL 33156**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | PS                   | <input type="checkbox"/> DELETE |
| NAME            | QUITANA, JOSE E      |                                 |
| STREET ADDRESS  | 6770 S.W. 48 TERRACE |                                 |
| CITY - ST - ZIP | MIAMI FL 33155       |                                 |
| TITLE           | VT                   | <input type="checkbox"/> DELETE |
| NAME            | CID, JOSE L          |                                 |
| STREET ADDRESS  | 6770 S.W. 48 TERRACE |                                 |
| CITY - ST - ZIP | MIAMI FL 33155       |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |   |
| 13. STREET ADDRESS  |   |
| 14. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE           |   |
| 22. NAME            |   |
| 23. STREET ADDRESS  |   |
| 24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. TITLE           |   |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE           |   |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51. TITLE           |   |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE           |   |
| 62. NAME            |   |
| 63. STREET ADDRESS  |   |
| 64. CITY - ST - 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 changes. I, or an authorized agent, have the address \_\_\_\_\_

SIGNATURE: *Jose Quitana* **4-30-96 305-461-2416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)