

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
Tallahassee, Florida 32399-0400

55 MAY 19 AM 10:15

DOCUMENT # P94000031805 (2)

1. Corporation Name

MARSH HARBOR INTERNATIONAL CORP.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Office Address				2a. Mailing Address				3. Date of Incorporation / Requested				3a. Date of Last Report			
5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126				5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126				04/14/1994							
21. 901 Ponce De Leon Blvd.				26. 901 Ponce De Leon Blvd.				4. FEI Number				X Annual Fee Paid Available			
22. 701				27. 701				5. Certificate of Status Desired				\$8.75 Additional Fee Required			
23. Coral Gables, Florida				28. Coral Gables, Florida				6. Election Certificate (Foreign) / Trust / Land Contribution				\$5.00 May Be Added to Fees			
24. 33134				25. US				29. 33134				30. US			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent							
SAEZ, PEDRO P 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126								81. Name							
								82. Street Address (P.O. Box Number or Mail Authorization)				901 Ponce De Leon Blvd.			
								83. Suite				Suite 701			
								84. City				Coral Gables			
11. I, the undersigned, certify that I am a resident of Florida and the Florida Statutes, the state we wished to incorporate and make this statement for the purpose of having my registered office established in Florida, in the State of Florida, have been duly organized by the corporation's board of directors, officers, and except the appointment of registered agent, comply with all laws and regulations of Florida, including the provisions of the Florida Statutes.															
12. ADDITIONAL REGISTERED AGENTS															
DPT DE KAFIE, LILIANA C. P.O. BOX 343770 CORAL GABLES, FLORIDA 33134															
D DE CANAHUATI, BLANCA P.O. BOX 343770 CORAL GABLES, FLORIDA 33134															
S DE LARACH, MARTA C. P.O. BOX 343770 CORAL GABLES, FLORIDA 33134															
14. I hereby certify that the information supplied with this filing is completely accurate and equally for the corporation stated in this filing. I declare that I am a resident of Florida and the Florida Statutes, the state we wished to incorporate and make this statement for the purpose of having my registered office established in Florida, in the State of Florida, have been duly organized by the corporation's board of directors, officers, and except the appointment of registered agent, comply with all laws and regulations of Florida, including the provisions of the Florida Statutes.															

SIGNATURE: *Liliana C. de Kafie*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR OFFICER

May 2, 1995

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

APPROVED
MJD
FMD

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Matham
Secretary of State
1995

5-15-95 10:15

DOCUMENT # **P94000031842 (5)**

QUALITY CROWN & BRIDGE, INC.

DATE OF WORKING SPACE

Principal Office Address: HWY 29 A SUNSET COVE UNIT 9A CHOKOLOOSKEE FL 33925
Mailing Address: HWY 29 A SUNSET COVE UNIT 9A CHOKOLOOSKEE FL 33925

3. Date(s) Reported or Qualified: 04/25/1994
3a. Date of First Report

2. Principal Office Telephone: 21. 275 Worley St
22. State: 23. Chokoloskee Fl
24. 33925
25. Collier
26. Mailing Address: 26. 70204 597
27. State: 28. Chokoloskee Fl
29. 33925
30. Collier

4. FID Number: 65-0493748
5. Certificate of Status: Issued \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for a financial tax under S. 197.032: Yes No

9. Name and Address of Current Registered Agent: ZIMMERMAN, MICHAEL J
13320 SW 128TH ST
MIAMI FL 33186

10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. State: FL
B5. Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has filed this statement for the purpose of changing its registered office in the State of Florida, and that the same is authorized by the corporation to be filed. I hereby certify that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

Subscribed and sworn to before me this _____ day of _____, 1995.

12. REGISTERED AGENT INFORMATION:
NAME: MURPHY, MELISSA J
ADDRESS: ~~HWY 29 A SUNSET COVE~~
CHOKOLOOSKEE FL 33925

13. ADDITIONAL CHANGE IN REGISTERED AGENT INFORMATION:
NAME: Murphy, Melissa J
ADDRESS: 275 Worley St. 70204 597
Chokoloskee, Fl 33925

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in section 197.032 of the Florida Statutes. I further certify that the information submitted on this annual report is a supplemental annual report. I hereby certify that my signature is placed on this same report in the presence of the undersigned and that the undersigned is duly qualified to receive the report as required by the provisions of the Florida Statutes. I have read the provisions of the Florida Statutes and I have signed this report as required by the provisions of the Florida Statutes.

SIGNATURE: *Melissa J. Murphy*
SIGNATURE AND PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

5-15-95 813-564-5922