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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000055908 (5)

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

Principal Place of Business Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700 1401 BRICKELL AVE SUITE 700
MIAMI FL 33131 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/26/1994

4. FEI Number Applied For
105-0507615 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No **?**

2. Principal Place of Business 2a. Mailing Address
21 8750 NW 99th St. **25**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**
City & State City & State

23 MIAMI FL, 33178 **28**
Zip Country Zip Country

24 33178 **25** **29** **30**

9. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **B5** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	Oscar de la Guardia
STREET ADDRESS	8730 NW 99 ST.
CITY - ST - ZIP	Medley, FL 33178
TITLE	P/D
NAME	Nicolas Olano
STREET ADDRESS	8730 NW 99 ST.
CITY - ST - ZIP	Medley, FL 33178
TITLE	S/D
NAME	Julio Diaz
STREET ADDRESS	8730 NW 99 St
CITY - ST - ZIP	Medley FL.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 this 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 by an attachment with an address.

SIGNATURE:
SIGNATURE AS TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
NICOLAS OLANO, President

3/8/95 (305) 8633966
Date Date/Phone #