

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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98 JUL -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050981 (4)
1. Corporation Name
QUIRANTES O & P CORP.



Principal Place of Business 5301 S.W. 8TH ST. MIAMI FL 33130	Mailing Address 5301 S.W. 8TH ST. MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3801 S.W. 126 AVE, CB 211 Suite, Apt. #, etc.		2a. Mailing Address 26 3801 S.W. 126 AVE, CB 211 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/09/1997	
22. City & State 23 MIAMI FLO.		27. City & State 28 MIAMI FLO.		4. FEI Number 65-0760518 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
24. Zip 33027		29. Zip 33027		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country U S		30. Country U S		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
QUIRANTES, JOSE M
1808 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
ARMANDO QUIRANTES
82 Street Address (P.O. Box Number is Not Acceptable)
3801 S.W. 126 AVENUE, C B 211
83
84 City
MIAMI **85 Zip Code**
FL 33027

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 filing this statement with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Armando Quirantes* **ARMANDO QUIRANTES, PRES.** **6/26/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D/ QUIRANTES JOSE M 1808 N. UNIVERSITY DR. PEMBROKE PINES FL. 33024.	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/S/T/D/ QUIRANTES ARMANDO 3801 S.W. 126 AVENUE, C B 211 MIAMI FLORIDA 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	800002584278-4 -07/09/98--01041--025 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby 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 I am an officer or director of the corporation; that I am 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 changer.

Armando Quirantes **ARMANDO QUIRANTES** **6/26/98**

CP2E034 (10/97)