

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000072090

**Entity Name:** QUAD INT'L., INCORPORATED

**Current Principal Place of Business:**

5001 SW 74 COURT  
SUITE 200  
MIAMI, FL 33155

**Current Mailing Address:**

P.O. BOX 269017  
MIAMI, FL 33126-9017 US

**FEI Number:** 65-0444492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOMANN, RICHARD  
5001 SW 74 COURT  
SUITE 200  
MIAMI, FL 33155 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FOX, JOHN C  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title VP  
Name WEINSTEIN, HARVEY  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name UWATE, DAVID  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name LABAUT, ERASMO  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name PIRRONGELLI, TUSHNA  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name GUARDIA, JEAN CLAUDE  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name HOMANN, RICHARD  
Address 5001 SW 74 COURT  
SUITE 200  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD HOMANN

**OFFICER**

**01/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date