**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90020 028 \*\*\*150.00

## DOCUMENT # 408069 Corporation Name

H-&-D-GRAPHICS; INC.

QUAIL ROOST PROPERTIES, Inc.

Principal Place of Busin	es
950 SE 8TH ST.	
P O BOX 110490	
HIALEAH EL 33011	

Mailing Address 950 SE 8TH ST. P O BOX 110490 

IALEAH FL 33011 HIALEAH FL 33011			DO NOT WRITE IN THIS SPACE		
·			3. Date Incorporated or Qualifed 09/05/1972		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1 11222 QUAIL ROOST DR.	26 11222 QUAIL 200:	STDR.	59-14142 <u>02</u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 AHN: CORPORATE	PLANNING	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State  28 M   AM   FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May BeAdded to Fees -	
Zip Country 4 33157 [25] U.S.A.	Zip Count 29 33157 30 U	ÍSA	8. This corporation owes the current year in Personal Property Tax.	Ves □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STINSON JR., LOUIS 4675 PONE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146		Street Address	EVE SPIEGEL BE S (P.O. Box Number is Not Acceptable) PUAIL ROOST DE L DEPARTMENT	λ. ,≥.	

Zip Code 3315 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 a	n familiar with, and accept the obligations of, Section	on 607.0505, Florida	Statutes.		- <b>-</b>	
SIGNATURE	Sterrer Mical		_	3-11-9	79:	
	Signature, typed or printed name of registered agent and title if applica			required when reinstating) DATE	10 DIOCOTO	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 TiTLE	PD	. Change	Addition
NAME	SANMIGNAL, JORGE B		1.2 NAME	LEVY, GUSTAVO		
STREET ADDRESS	950 SE 8TH STREET P O BOX 110490		1.3 STREET ADDRESS	11222 QUALL ROOST DR.		
CITY+ST-ZIP	HIALEAH FL 33011		1.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	V	DELETE	2.1 TITLE	VD	☐ Change	Addition
NAME	MERGENTHAL, WAYNE	'	2.2 NAME	MANOLA GUTIEPREZ		
STREET ADDRESS	950 S.E. 8TH ST. P.O. BOX 110490		2.3 STREET ADDRESS	11222 QUAIL ROOST DR.		
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-ST-ZIP	MIAMI, R. 33157		
TITLE	D	☐ DELETE	3.1 TITLE	,	Change	☐ Addition
NAME	ISRAEL, JASON		3.2 NAME			
STREET ADDRESS	-11222 QUAIL ROOST DRIVE		3.3 STREET ADDRESS	The state of the second second		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	ASO	DELETE	4.1 TITLE	SD	Change	Addition
NAME	CASALE, MICHAEL		4. 2 NAME	ARTHUR HEGGEN		
STREET ADDRESS	11222 QUAIL ROOST DR		4.3 STREET ADDRESS	11222 QUAIL ROOST D2.		
CITY-ST-ZIP	MIAMI FL	_	4.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	SD	DELETE	5.1 TITLE	TD	Change	Addition
NAME	STINSON, LOUIS JR., ESQ.		5.2 NAME	ENRIQUE CASTELO		
STREET ADDRESS	4675 PONCE DE LEON BLVD.		5.3 STREET ADDRESS	11222 QUAIL POOST DR.		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	MIAMI, PL 33157		
TITLE	TD	DELETE	6.1 TITLE	,	Change	☐ Addition
NAME	GRABER, LAWRENCE		6.2 NAME			
STREET ADDRESS	950 S.E. 8TH ST. P.O. BOX 110490		6.3 STREET ADDRESS			
CITY+ST+73P	HIALEAH FL		6.4 CITY-ST-ZIP			

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 suppliemental 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 changed, or other like empowered.

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