

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F59866 (6)**

1. Corporation Name  
**I.G. SQ., INC.**

Principal Place of Business % JOSE M. SURIOL 10560 NW 27TH ST., UNIT 101 33172 33172-2151	Mailing Address % JOSE M. SURIOL 10560 NW 27TH ST., UNIT 101 33172 33172-2151
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6880 SW 44th Street</b> Suite, Apt. #, etc. 22 <b>#100</b> City & State 23 <b>Miami, FL</b> Zip Country 24 <b>33155 USA</b>	2a. Mailing Address 26 <b>6880 SW 44th Street</b> Suite, Apt. #, etc. 27 <b>#100</b> City & State 28 <b>Miami, FL</b> Zip Country 29 <b>33155 USA</b>
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3. Date Incorporated or Qualified <b>12/23/1981</b>	4. FEI Number <b>59-2148988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SURIOL, JOSE M.**  
**10560 NW 27TH ST.**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name <b>Suriol, Jose M.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6880 SW 44th Street</b>
83 <b>#100</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33155</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>SURIOL, JOSE M</b>	
STREET ADDRESS	<del>10560 NW 27TH ST., UNIT</del>	
CITY-ST-ZIP	<del>MIAMI, FL 00000</del>	
TITLE	<b>SV</b>	<input type="checkbox"/>
NAME	<b>WITTMER, LYN</b>	
STREET ADDRESS	<del>10560 NW 27 ST., #101</del>	
CITY-ST-ZIP	<del>MIAMI, FL</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	<b>D P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Suriol, Jose M.</b>	
1.3 STREET ADDRESS	<b>6880 SW 44th Street, #100</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33155</b>	
2.1 TITLE	<b>S V P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Wittmer, Lyn</b>	
2.3 STREET ADDRESS	<b>6880 SW 44th Street, #100</b>	
2.4 CITY-ST-ZIP	<b>Miami, fl 33155</b>	
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 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 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 on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

CR2E034 (10/97)