

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6880 SW 44th Street Suite, Apt. #, etc. 22 #100 City & State 23 Miami FL Zip Country 24 33155 USA		2a. Mailing Address 26 6880 SW 44th Street Suite, Apt. #, etc. 27 #100 City & State 28 Miami, FL Zip Country 29 33155 USA		3. Date Incorporated or Qualified 12/23/1981	
		4. FEI Number 59-2148988		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		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 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 Suriol, Jose M. 82 Street Address (P.O. Box Number is Not Acceptable) 6880 SW 44th Street 83 #100 84 City Miami FL 85 Zip Code 33155			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D P
NAME	SURIOL, JOSE M	1.2 NAME	Suriol, Jose M.
STREET ADDRESS	10560 NW 27TH ST., UNIT	1.3 STREET ADDRESS	6880 SW 44th Street, #100
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	SV	2.1 TITLE	S VP
NAME	WITTMER, LYN	2.2 NAME	Wittmer, Lyn
STREET ADDRESS	10560 NW 27TH ST., #101	2.3 STREET ADDRESS	6880 SW 44th Street, #100
CITY-ST-ZIP	MIAMI, FL	2.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)