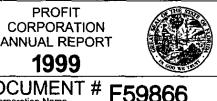
OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90002 038 \*\*\*558.75

\_\_\_ Change \_\_\_ Addition

orporation	on Name	. 00000						
SQ., INC.						615039 - 90002 - 38		
	,						THE REPORT OF THE PROPERTY OF	
pal Plac	ce of Busines	is .	Mailing Address				ופשו גושוש וושנש ונשנש ונשנש ונשנש וופרש ווופ שנונט שוומי ופינעי שוונט ושווים וואון מסווים ו	
W 44TH	ST		6880 SW 44TH ST					
0			STE 100				DO NOT WRITE IN THIS SPACE	
FL 3315	5		MIAMI FL 33155 US				3. Date Incorporated or Qualified	
			•				12/23/1981	
incipal Place of Business			2a. Mailing Address			-	4. FEI Number Applied For	
			26				59-2148988 Not Applicable	
ite, Apt. #, etc.			Suite, Apt. #, etc				\$8.75 Additional	
						·····	5. Certificate of Status Desired Fee Required	
ty & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
		Country	Zip	С	ountr	у	8. This corporation owes the current year	
		25	29	30	_		Intangible Personal Property. Yes No	
	9. Name	and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
0110	100 IOOF				8	1 Name		
SURIOL, JOSE M.			82 St			2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
6880 SW 44TH ST STE 100								
		•			83	3		
MIAMI FL 33155					84 City		85 Zip Code	
					_ــــ	<u> </u>	FL 33 24 000	
office or	registered ac	gent, or both, in the State	2 and 607.1508, Florida St of Florida. Such change vations of, section 607.0508	vas authori:	ted b	y the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
ATURE								
	Signature, typed	or printed name of registered agen				Agent signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DP	OFFICERS AN		1:	TITLE	<del></del>		
	SURIOL, J	IOSE M	L_ DELETI	-	NAME		☐ Change ☐ Addition	
ADDRESS		44TH ST STE 100				TADDRESS		
ZIP	1	. 00000 33155			CITY	1		
<u>4.1F</u>	SVP	. 00000 00100	DELET		TITLE		Change Addition	
	WITTMER,	LYN	- Derett	-	NAME		Onenge Addition	
ADDRESS		44TH ST STE 100		- I		T ADDRESS		
ZIP -	MIAMI.FL				CITY-5	-		
	,		DELET		TITLE		Change Addition	
					NAME			
ADDRESS				3.3	STREE	T ADDRESS		
ZiP	1			3.4	CITY-S	ST-ZIP		
			DELETI		TITLE		Change Addition	
					NAME		_ · _	
ADDRESS				4.3	STREE	T ADDRESS		
ZIP	[			4.4	CITY-S	T-ZiP		

6.4 CITY-ST-ZIP bereby 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 licated on this annual report or supplementar afrinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 Block 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

TO THE

NATURE:

ADDRESS

**LOORESS**