

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

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

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F59866

Corporation Name  
 . SQ., INC.

615039 - 90002 - 38



Principal Place of Business  
 6880 SW 44TH ST  
 MIAMI FL 33155

Mailing Address  
 6880 SW 44TH ST  
 STE 100  
 MIAMI FL 33155  
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/23/1981

Suite, Apt. #, etc.

26

4. FEI Number

59-2148988

Applied For

Not Applicable

City & State

27

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

28

City & State

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

Country

25

Zip

29

Country

30

8. This corporation owes the current year Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SURIOL, JOSE M.  
 6880 SW 44TH ST  
 STE 100  
 MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>DP                      SURIOR, JOSE M                      6880 SW 44TH ST STE 100                      MIAMI, FL 00000 33155</p> <p><input type="checkbox"/> DELETE</p>	<p>1.1 TITLE                      1.2 NAME                      1.3 STREET ADDRESS                      1.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>SVP                      WITTMER, LYN                      6880 SW 44TH ST STE 100                      MIAMI, FL 33155</p> <p><input type="checkbox"/> DELETE</p>	<p>2.1 TITLE                      2.2 NAME                      2.3 STREET ADDRESS                      2.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE                      3.2 NAME                      3.3 STREET ADDRESS                      3.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE                      4.2 NAME                      4.3 STREET ADDRESS                      4.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE                      5.2 NAME                      5.3 STREET ADDRESS                      5.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE                      6.2 NAME                      6.3 STREET ADDRESS                      6.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

CR2E034 (5/99)