

SECOND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90024 010 ***550.00

DOCUMENT # **F98000003910**

1. Corporation Name

SQL-INC.

Principal Place of Business

9673 RIVERSIDE DR. APT. J1
CORAL SPRINGS FL 33071

Mailing Address

9673 RIVERSIDE DR. APT. J1
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

2. Principal Place of Business

21 **1495 SEABAY ROAD**

Suite, Apt. #, etc.

22 City & State
WESTON FLORIDA

23 Zip Country
33326 BROWARD

2a. Mailing Address

26 **1495 SEABAY ROAD**

Suite, Apt. #, etc.

27 City & State
WESTON FLORIDA

28 Zip Country
33326 BROWARD

4. FEI Number

65-0795386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINARES, RAUL E
9673 RIVERSIDE DR. APT. J1
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name **LINARES RAUL E.**

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

1495 SEABAY ROAD

83

84 City **WESTON**

FL

85 Zip Code
33326

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 **Paul E. Linares**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **TORRES, ARIEL**
STREET ADDRESS **1150 W. 33RD ST.**
CITY-ST-ZIP **MIAMI FL 33012**

TITLE **C** ☒ DELETE
NAME **SALOMON, ANA O**
STREET ADDRESS **9673 RIVERSIDE DR. APT. J1**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **ANNE LINARES**
2.4 CITY-ST-ZIP **1495 SEABAY ROAD**
WESTON, FL. 33326

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Paul E. Linares** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

Date

(954) 968-8822

Daytime Phone #

CR2E034 (5/99)