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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # G62541

(9)

QUINON & STRAFER, P.A.

Principal Place of Business	Mailing Address	
2400 S. DIXIE HWY	2400 S. DIXIE HWY	

**FILED** Jan 27 1998 8:00am Secretary of State



MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1983 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26 59-2359637 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country αiΣ Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name QUINON, JOSE M. 2400 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 MIAMI FL 33133 84 City 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 117716 QUINON, JOSE 12 NAME NAME 2400 S DIXIE HWY, #200 1,3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST- ZIP Addition DELETE Channe 2.1 TITLE TITLE S STRAFER, G. R 2.2 NAME NAME 2400 S DIXIE HWY 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-ST-7/P Addition Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 attackment with an address.

REQUIRED

CICMATURE.