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 #

(0)

MARCOS A. ZEQUIERA, JR., INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



7100 W. 20TH AVE SUITE 806 HALEAH FL 33016-0000				7100 W. 20TH AVE SUITE 806 HIALEAH FL 33016-0000				DO NOT WRITE IN THIS SPACE
	_							3. Date incorporated or Qualified 01/16/1984
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-2362986 Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State				City & State				Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
—₁ ^{Zip}	<u> </u>	Country		Zip		untry	,	8. This corporation owes or has paid the current year Intangible
24	25			30				Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Section 2								
				114010			110/10	
7100 W. 20TH AVE SUITE 806 HIALEAH FL 33016						82	Street A	Address (P.O. Box Number is Not Acceptable)
, ,,,						63	· 	
						84	City	85 Zip Code
						Ш		
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							in signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP 90				TILE		Change Addition	
NAME	ZEQUEIRA, MARCOS			1.2 N		IAME		
STREET ADDRESS 7100 W 20TH AVE #808					1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HIALEAH FL			1.4 CIT		CITY-S	I-ZIP	
TITLE				DELETE 2.1 To				Change Addition
NAME				2.2 N		IAME		
STREET ADDRESS	REET ADDRESS				2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	ST-ZIP				2. 4 C/1		ST-ZIP	
TITLE				DELETE	3.1 7(TLE			Change Addition
NAME	İ				3.2 NAME			
STREET ADDRESS					3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE				☐ DELETE	4.1 1			Change Addition
NAME						NAME)	
STREET ADDRESS					4,3 9	STREET	ADDRESS	
CITY+ST-ZIP				T neurze		ITY-S	T-ZIP	
TITLE				•		5.1 TITLE 5.2 NAME		Change Addition
NAME					1			
STREET ADDRESS					1		ADDRESS	
CITY-ST-ZIP				DELETE		ITY-S	T-ZIP	Change Addition
TITLE				□ DECER	6.11		j	L. Grange L. J. Addright
NAME .					ı	(AME	ADDOCAD	
STREET ADDRESS							ADDRESS	
14. I hereby C	ertify that the in	nformation supplied	with this f	iling does not qualify f	or the ex	emp	tion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report of striplemental annual report is true and alcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporate of the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it or on an attachnicity with an additional process.								