	PROFIT CORPORATION ANNUAL REPORT 1996		ORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPO	tham		
	OCUMENT # Corporation Name	H95147	(5)			
	FRANK QUINTERO, J	R., P.A.				
) 18 (18) (18) (18) (18) (18) (18)	
Prin	ncipal Place of Business	Mailing Add	ress			11, (1001 91011 01611 01911 01911 91811 11911 11911
2	Grove Plaza 2900 SW 28th Terrace. 2nd fl Miami fl 33133	GROVE 2900 SW MIAMI FI	28TH TERRACE, 2N	D FL		
•		MINISTER T	- 33133		3. Date Incorporated or Qualified 01/17/1986	3a. Date of Last Report 04/27/1995
2. 21	Principal Place of Business	2a, Mailing /	Address		4. FET Number 59-2634110	Applied For
	Suite, Apt. #, etc.	Suite, A	ot. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	City & State	[27] City & S	ate		6. Election Campaign Financing	Fee Required \$5.00 May Be
23	7ip Cour	28			Trust Fund Contribution	Added to Fees
24	25	29	30	ountry	8. This corporation has liability for Florida Statutes X Yes	intang ble tax under s 199.032,
 -	9. Name and Add	ress of Current Registered Ag	ent	81 Name	10. Name and Address of New F	tegistered Agent
	QUINTERO, FRANK, JR.			82 Street Add	ress (P.O. Box Number is Not Acceptat	le)
	GROVE PLAZA 2900 SW 28TH TERRACE,	2ND FI		83		
	MIAMI FL 33133	END I C				
	T)			84 City		FL 85 Zip Code
11.	or registered agent, or both, in the familiar with, and accept the obligations.	ctions 607.0502 and 607.1508, Fi he State of Florida. Such change i trations of Section 607.0506. Flo	orida Statutes, the a vas authorized by the ida Statutes	bove-named corpor e corporation's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
	NATURE					
12.		or of registrated apert and trie if application. OFFICERS AND DIRECTORS	(NOT: Register	ed Agent signature require	nd what record ring? ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THE	OUNTEDO ED		■	I THILE		CERS AND DIRECTORS IN 12 Change Addition Change Addition
NAME STREE	et address 2900 SW 28TH	TERRACE, 28TH FL	1	NAME STREET ADDRESS		034
COY-	S1-20 MIAMI FL 33133	3		CITY-ST-ZIP		ZE
III.E MANIE				TITLE		☐ Change ☐ Addition ○
NAME	ET ADDRESS			NAME STREET ADDRESS		
	ST-ZIP			CITY-ST-ZIF		
THE			DELETE 3	THLE	······································	Change Addition
NAM6 STREE	1 ADDRESS			NAME		
	ST-ZIP		1	STREET ADDRESS CITY+ST-ZIP		
TITLE			55.576	THILE		Change Addition
NAME	T ADDRESS			NAME		
	ST-7IP			STREET ADDRESS City-St-Zip		
			05.576	TITLE		Change Addition
			5?	NAME		
CITY: TITLE NAME				CTUSC LANDROCCC		
CITY: THILE NAME STREE	1 ADDRESS			STHEET ADDRESS		
CITY: THILE NAME STREE			5.4	CHY-ST-ZIF TITLE		Change Addition
CITY- THILE NAME STREE CHY	1 ADDRESS S1_ZIP		54 DELETE 6 1	CITY - ST - ZIF		Change Addition
CITY- THEF NAME STREE CHY: THEE NAME STREE	I ADDRESS SI ZIP		54 DELETE 61 62	CHY-ST-ZIP TITLE		Change Addition
CITY- TITLE NAME STREE CITY: TITLE NAME STREE CITY- 14.	1 ADDRESS S1 ZIP I ADDRESS S1-ZIP I do hereby certify that the information	ation supplied with this filing is yo	54 DELETE 61 62 63 64 unitarily furnished are	CHY-ST-ZIF TITLE NAME STREE! ADDRESS CHY-ST-ZIP I does not qualify for	or the exemption stated in Section 1407	7/7/VA Elegido Charles Literary
CITY- THEF NAME STREE CHY: NAME STREE CHY-: 111.	I ADDRESS ST ZIP I ADDRESS ST-ZIP I do heroby certify that the information indicate certify that the information indicate oath; that I am an officer or direct	ation supplied with this filing is vo ed on this annual report or supplic or of the corporation or the receiv	DELETE 6 1 62 63 64 unitarily furnished and	CITY-ST-ZIF TITLE NAME STHEET ADDRESS CITY-ST-ZIP 3 does not qualify for its true and accurate	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607. Flo	97(3)(k). Florida Statutes. Hurther
CITY- THEE NAME STREE CHY: HILE NAME STREE CHY- 14.	I ADDRESS SI ZIP I ADDRESS SI - ZIP I do hereby certify that the information indicate	ation supplied with this filing is vo ed on this annual report or supplic or of the corporation or the receiv	DELETE 6 1 62 63 64 unitarily furnished and	CITY-ST-ZIF TITLE NAME STHEET ADDRESS CITY-ST-ZIP 3 does not qualify for its true and accurate	te and that my signature shall have the s s report as required by Chapter 607, Flo	97(3)(k). Florida Statutes. Hurther