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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary Cute

DIVISION OF CORPORATIONS

DOCUMENT # H95147

(5)

FRANK QUINTERO, JR., P.A.

FILED Apr 11 1997 8:00am Secretary of State

. Produkan dina pakan aktar diadi akaka enah diadir aktar aliah diadir bilah diadir diadir bilah kadir

Principal Place OROVE PLAZ/ 2000 OW 2011 MIAMI FL 031	ce of Businesa A 815 PONCY DE JOON H TERRACE: MD FL GTT 1 JOH B3 F/A, 33/3:	Bludanove Ve S 2000 ov	Address 8/2 CLAZA 8/2 V CONTERNACE U-00100 0768	5 Ponces HOTE	De Jen Poral 9 10,33	Blud Abres 134	1184 1116 12121 11101 1191 1191 1191 1191 119		1814 8 1841 8 7841	173 /4 1114
							3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1986 03/27/1996			
2. Principal I	Place of Business	2e. Mail	ling Address			4. FEI		·	Ar	oplied For
1		26				59	-2634110		No	ot Applicabl
Suite, Apt	i.#, etc.	Suit. 27	e, Apt. #, etc.			5, Cert	ificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ite	City 28	& State			1	tion Campaign Financing t Fund Contribution		\$5.00 Added t	
Zφ	Country	Zip		Cour	ntry		corporation has liability for	intangible	tax under s	199.032,
4	25	29		30				Yes [
	g, Name and Address of Cur	rent Registered	l Agent			10, Nan	e and Address of New R	egistered /	gent	
QU GAR	IINTERO, FRANK, JR. Ove Plaz a 815 Poa Ove Plaz a 815 Poa Vali Fl 8318 3	ice De	Jean BI		81 Name 82 Street A	ddress (P.O. E	ox Number is Not Accepta	ıble)	 	
MIA	MI FL 33123	N CONTRACT	831	34/	83	~~ <u>~</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			
		\		ነ	64 City			FL	. 1 - 1	Code
agent I. SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the St arm familiar with, and accept the ob- Stgnature typed or printed name of registered	ı				quired when reinsta		DATE		
12.		AND DIRECTOR		13.	·	ADDI	TIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
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14. I do 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 are 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 fin all achieves.

54 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE 6 2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

Change

0177994

Addition