

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36365

(0)

1. Corporation Name

J. LUIS QUINTANA & ASSOCIATES, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:58

Principal Place of Business

2100 PONCE DE LEON BLVD. SUITE 1100
CORAL GABLES FL 33134
US

Mailing Address

% J. LUIS QUINTANA
2100 PONCE DE LEON BLVD. SUITE 1100
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
02/15/1994

2. Principal Place of Business

21 2333 PONCE DE LEON BLVD.

2a. Mailing Address

Same as #2

4. FEI Number
65-0076902

Applied For
Not Applicable

Suite, Apt. #, etc.

22 P.H. 1120

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Coral Gables, FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33134

Country

25 Dade

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

QUINTANA, J. LUIS
2100 PONCE DE LEON BLVD., STE 1100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name J. LUIS QUINTANA
82 Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce De Leon Blvd.
83 P.H. 1120
84 City Coral Gables FL 85 Zip Code 33134

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

1-27-95

12. OFFICERS AND DIRECTORS

TITLE PDSV
NAME QUINTANA, J. LUIS
STREET ADDRESS 2100 PONCE DE LEON #1100
CITY - ST - ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDSV ☒ Change ☐ Addition
1.2 NAME J. L. QUINTANA
1.3 STREET ADDRESS 2333 PONCE DE LEON BLVD #1120
1.4 CITY - ST - ZIP Coral Gables FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-95

446-0300