SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #
1. Corporation Name L44734 (6)

| Principal Place of Suite, Apt. #, etc City & State Zip 9. QUINTEF 1251 LIN CLEARW I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) I. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant to the office or register agent 1 am familiant (GNATURE) II. Pursuant (GNATURE) III. Pursu | itero jr Nue | , | ailing Address | | | | | | LIBYR BLOKI BIBLI BIBLI K or i |
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| Suite, Apt. #, etc City & State Zip 9. QUINTEF 1251 LIN CLEARW I. Pursuant to the office or register agent I am familiant | | | | · | | | 3. Date Incorporated or Qualific 01/19/1990 | 1 ' | te of Last Report 01/1995 |
| QUINTER 1251 LIN CLEARW I. Pursuant to the office or register agent 1 am familiant (GNATURE) I.E. DV ME QUINTER IV: ST-ZIP ILE P ME QUINTER ILE P ME QUINTER ILE P ME QUINTER ILE P ME QUINTER ILE P | f Business | | Mailing Address | • | | | 4. FEI Number | | Applied For |
| 9. QUINTER 1251 LIN CLEARW I. Pursuant to the office or register agent I am fant IGNATURE Stepher Z. TLE DV ME QU REET ADDRESS 12 TY-ST-ZIP CL TLE P ME QU ME QU REET ADDRESS 12 THE ST-ZIP CL THE P ME QU | | 26 | Suite, Apt. #, etc | | | | 59-2984270 | | Not Applicat \$8.75 Additional |
| 9. QUINTER 1251 LIN CLEARW I. Pursuant to the office or register agent I am fant IGNATURE Stepher Z. TLE DV ME QU REET ADDRESS 12 TY-ST-ZIP CL TLE P ME QU ME QU REET ADDRESS 12 THE ST-ZIP CL THE P ME QU | | 27 | · · · · · · · · · · · · · · · · · · · | | | | 5. Certificate of Status Desired | | Fee Required |
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| QUINTER 1251 LIN CLEARW I. Pursuant to the office or register agent I am fant IGNATURE Stepher Z. TLE DV ME QL REET ADDRESS 12 TY-ST-ZIP CL TLE P ME QL | Country | 28 | Zip | Co | untry | | This corporation has liability I | for internalble | |
| QUINTER 1251 LIN CLEARW I. Pursuant to the office or register agent I am fant IGNATURE Stepher Z. TLE DV ME QL REET ADDRESS 12 TY-ST-ZIP CL TLE P ME QL | 25 | 29 | | 30 | | | Florida Statutes | Yes [| No |
| 1251 LIN CLEARW I. Pursuant to the office or registed agent 1 am fant GNATURE E. LE DV ME QUARTE IN ST-ZIP CLE IN ST-ZIP CLE ME QUARTE CLE ME QUARTE CLE P ME QUARTE CLE P Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | Name and Address of Curre | ent Regis | tered Agent | | 81 | Name | 10. Name and Address of New | Registered A | gent |
| Fursuant to the office or register agent 1 am fani GNATURE Styre 2. LE DV ME QUARESS 12 IY-ST-ZIP CLE P ME QUARES CLE P ME QUARES CLE P ME QUARES CLE P QUARES CLE P QUARES QUARES QUARES CLE P QUARES QUAR | RO, HERIBERTO JR ICOLN AVENUE VATER FL FL 34616 | | | | 82 | | ess (P.O. Box Number is Not Accep | table) | |
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| office or register agent. I am fani. GNATURE Stigner L. LE ME GREET ADDRESS IY-ST-ZIP LE P ME QL GL GL GL GL GL GL GL GL GL | | *** | | | 84 | City | | FL | 85 Zip Code |
| office or register agent. I am familiary in the property of th | provisions of Sections 607.05 | 02 and 6 | 7 1808. Florida Stati | utes, the at | bove: | named coroo | pration submits this statement for the | | hanning its registered |
| REET ADDRESS 12 TY-ST-ZIP CL FLE P MME QL | OFFICERS A | NO DIREC | | 13. | | nt signa. Ire require | id when reinstaring) ADDITIONS/CHANGES TO OF | DATE FICERS AND | DIRECTORS IN 12 Change Addit |
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| TY-ST-ZIP 1. I do hereby cert | lify that the information suppli | ed with th | r nis funa is valumarity | · | and c | | fy for the exemption stated in Sect of | on 119 07(3)/k |). Florida Statutos 1 |
| further deri fy the made under oat | at the information indicated c | inythr≲ anr cµor of the | nual report or supplier corporation or the re | rfiental ein soeuver or t | nual re truste | eport is true ar e empowered | nd accurate and that my signature in the execute this report as required the execution and the execution and the execution are the execution and the execution are the execution and the execution are the executi | shall have the | same logal effect as 7, Florida Statutes, an |
| SIGNATUR | c. (<i>(/////</i> | -1 | Ŋ~ <i>从/</i> , | 1/2 | 1 | , hort | Daniel Do | 1675 | 96442-454 |