

**FILE NOW: FILING FEE AFTER MAY 1 IS \$ 350.00**

APPROVED  
AND  
FILED

97 APR 21 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M05177 (4)  
1. Corporation Name  
**A. Quinones-Sandoval, Inc.**

**REINSTATEMENT** 96-97  
1996-1997

Principal Place of Business Mailing Address  
c/o Sheldon Evans, P.A.  
6175 N.W. 153rd. Street  
Suite 215  
Miami Lakes, Fl 33014

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/14/84		05/01/96		65-0136672	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Country		Zip		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVANS, SHELDON**  
6175 N.W. 153rd. Street  
Suite 215  
Miami Lakes, Fl 33014

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: *Sheldon Evans as Registered Agent*  
Signature, typed or printed name of registered agent and title if applicable (N/A - Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	Quinones-Sandoval Amalia	
STREET ADDRESS	11520 S.W. 81 St. Road	
CITY-ST-ZIP	Miami, Fl	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Ardon-Quinones, Ricardo	
STREET ADDRESS	11520 S.W. 81st. Road	
CITY-ST-ZIP	Miami, Fl	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500002154205--0
1.4 CITY-ST-ZIP	-04/24/97--01115--008
2.1 TITLE	****165.00 ****165.00
2.2 NAME	500002154205--0
2.3 STREET ADDRESS	-04/24/97--01115--009
2.4 CITY-ST-ZIP	****750.00 ****750.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*O. Aron*  
4/21/97

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 119.07(3)(k), 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: *Amalia Quinones-Sandoval* AMALIA Quinones-Sandoval, President  
Date: 3/17/97 (305) 557-6060  
Daytime Phone #

CR2E034 (12/95)