

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 045 ***150.00

0130502

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M05177

1. Corporation Name
A. QUINONES-SANDOVAL, INC.



Principal Place of Business C/O SHELDON EVANS, P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014	Mailing Address C/O SHELDON EVANS, P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6175 N.W. 153rd St.	2a. Mailing Address 26 6175 N.W. 153rd St.	4. FEI Number 65-0136672	Applied For <input type="checkbox"/> No Applicable
22 Suite, Apt. #, etc. Suite 312	27 Suite, Apt. #, etc. Suite 312	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Miami Lakes, FL	28 City & State Miami Lakes, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33014	25 Country US	29 Zip 33014	30 Country US

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 Evans, Sheldon
82 Street Address (P.O. Box: Number is Not Acceptable) 6175 N.W. 153rd Street
83 Suite 312
84 City Miami Lakes, FL
85 Zip Code 33014

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	QUINONES-SANDOVAL AMALIA	
STREET ADDRESS	11520 S.W. 81ST 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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

14. I 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 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, with all other like empowered.

SIGNATURE: *Amalia Quinones* Date: 4/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMALIA QUINONES-SANDOVAL VICE President Daytime Phone # _____

CR2E034 (11/98)